

### **Nebraska Medicaid Practitioner Fee Schedule for Clinical Laboratory Services**

The Clinical Laboratory Fee Schedule is based on the Medicare national fee schedule for clinical laboratory services as established by the Centers for Medicare and Medicaid Services (CMS). The annual CMS updates are released each December and become effective on January 1 of the following year. The 2015 CMS Clinical Laboratory Fee Schedule is being reimbursed at one hundred percent (100%) effective July 1, 2015.

All other allowable laboratory procedure codes (anatomical laboratory services) will remain a part of the Physician Services Fee Schedule released July 1 of each year. The clinical laboratory fee schedule will also be incorporated into the Physician Services Fee Schedule.

Nebraska Medicaid payment is the fee schedule allowable. Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
000G0103		PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)			\$25.03
000G0123		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), AUTOMATED THIN LAYER PREPARATION, SCREENING UNDER MD SUPERVISION	NOT COVERED		
000G0124		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), AUTOMATED THIN LAYER PREP., REQUIRING INTERPRETATION BY MD	NOT COVERED		
000G0144		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	NOT COVERED		
000G0145		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED AUTOMATED SYSTEM AND MANUAL RESCREENING UNDER PHYSICIAN SUPERVIS	NOT COVERED		
000G0147		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	NOT COVERED		
000G0148		SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	NOT COVERED		
000G0328		COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS	NOT COVERED		
000G0328	QW	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS	NOT COVERED		

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
000G0431		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER				\$64.11
000G0432		INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING		NOT COVERED		
000G0433		INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING		NOT COVERED		
000G0433	QW	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING				\$9.10
000G0434		DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER				\$12.83
000G0434	QW	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER				\$12.83
000G0435		INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING		NOT COVERED		
000G0464		Colorectal cancer screening; stool-based dna and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3)		NOT COVERED		
000G0471		Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a l		NOT COVERED		
000G6030		AMITRIPTYLINE				\$24.36
000G6031		BENZODIAZEPINES				\$25.17
000G6032		Desipramine				\$21.40
000G6034		DOXEPIN				\$21.09
000G6035		GOLD				\$17.85
000G6036		ASSAY OF IMIPRAMINE				\$21.40
000G6037		NORTRIPTYLINE				\$18.44
000G6038		SALICYLATE				\$9.66
000G6039		ACETAMINOPHEN				\$27.54
000G6040		Alcohol (ethanol); any specimen except breath				\$14.70
000G6041		ALKALOIDS, URINE, QUANTITATIVE				\$40.85
000G6042		AMPHETAMINE OR METHAMPHETAMINE				\$11.76
000G6043		BARBITURATES, NOT ELSEWHERE SPECIFIED				\$15.58
000G6044		COCAINE OR METABOLITE				\$20.62

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
000G6045		DIHYDROCODEINONE				\$15.06
000G6046		Dihydromorphinone				\$24.42
000G6047		DIHYDROTESTOSTERONE				\$24.42
000G6048		DIMETHADIONE				\$18.85
000G6049		EPIANDROSTERONE				\$23.67
000G6050		ETHCHLORVYNOL				\$23.52
000G6051		FLURAZEPAM				\$26.94
000G6052		MEPROBAMATE				\$23.98
000G6053		METHADONE				\$18.99
000G6054		METHSUXIMIDE				\$20.16
000G6055		NICOTINE				\$23.67
000G6056		OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE				\$25.38
000G6057		PHENOTHIAZINE				\$21.19
000G6058		DRUG CONFIRMATION, EACH PROCEDURE				\$18.03
000G9143		WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANYNUMBER OF SPECIMEN(S)		NOT COVERED		
000P2038		MUCOPROTEIN, BLOOD, SEROMUCOID, MEDICAL NECESSITY PROCEDURE (J90S)		NOT COVERED		
000P3000		SCREENING PAP SMEAR, CERVICAL OR VAGINAL, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION (MUTUAL OF OMAHA)(APRIL 92)		NOT COVERED		
000P9612		CATHERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE		NOT COVERED		
000P9615		CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) (MULTIPLE PATIENTS) (PAY ON OP) (PHYSICIAN'S CLAIM USE CPT CODE.)		NOT COVERED		
000Q0111		WET MOUNTS, INC. PREP OF VAGINAL, CERVICAL OF SKIN SPECIMENSPPM LEVEL TEST		NOT COVERED		
000Q0112		ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONSPPM LEVEL TEST		NOT COVERED		
000Q0113		PINWORM EXAMINATIONS PPM LEVEL TEST		NOT COVERED		
000Q0114		FERN TESTPPM LEVEL TEST		NOT COVERED		
000Q0115		POST-COITAL DIRECT, QUALITATIVE EXAM OF VAGINAL OR CERVICAL MUCOUSPPM LEVEL TEST		NOT COVERED		
00036415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE				\$3.00
00078267		UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS				\$10.70
00078268		UREA BREATH TEST, C-14; ANALYSIS				\$78.77
00080047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)				\$11.51

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00080047	QW	BASIC METABOLIC PANEL (CALCIUM, IONIZED)				\$11.51
00080048		BASIC METABOLIC PANEL (CALCIUM, TOTAL)				\$11.51
00080048	QW	BASIC METABOLIC PANEL (CALCIUM, TOTAL)				\$11.51
00080050		GENERAL HEALTH PANEL				\$43.62
00080051		ELECTROLYTE PANEL				\$9.55
00080051	QW	ELECTROLYTE PANEL				\$9.55
00080053		COMPREHENSIVE METABOLIC PANEL				\$14.37
00080053	QW	COMPREHENSIVE METABOLIC PANEL				\$14.37
00080055		OBSTETRIC PANEL				\$81.04
00080061		LIPID PANEL PRICING BY MH UNIT VALUE NEW PRICE 5-95				\$18.22
00080061	QW	LIPID PANEL: MUST INCLUDE 82465,83718,84478 CLIA WAIVED				\$18.22
00080069		RENAL FUNCTION PANEL				\$11.82
00080069	QW	RENAL FUNCTION PANEL				\$11.82
00080074		ACUTE HEPATITIS PANEL				\$57.91
00080076		HEPATIC FUNCTION PANEL				\$11.11
00080150		AMIKACIN;				\$19.88
00080155		CAFFEINE LEVEL				\$17.36
00080156		CARBAMAZEPINE; TOTAL				\$16.95
00080157		CARBAMAZEPINE; FREE				\$18.04
00080158		CYCLOSPORINE,				\$24.57
00080159		Clozapine level				\$25.17
00080162		DIGOXIN;				\$18.07
00080163		DIGOXIN LEVEL				\$18.07
00080164		DIPROPYLACETIC ACID (VALPROIC ACID); (CODE IN SYSTEM AS ANATOMIC; ADDPRICING CHANGES TO D/M FIELD ALSO)				\$18.44
00080165		VALPROIC ACID LEVEL				\$18.44
00080168		ETHOSUXIMIDE;				\$17.74
00080169		Everolimus level				\$18.69
00080170		GENTAMICIN;				\$22.30
00080171		GABAPENTIN LEVEL				\$18.04
00080173		HALOPERIDOL				\$16.95
00080175		Lamotrigine level				\$18.04
00080176		LIDOCAINE				\$19.24
00080178		LITHIUM;				\$9.00
00080178	QW	LITHIUM				\$9.00
00080180		Mycophenolate (mycophenolic acid) level				\$24.57
00080183		Oxcarbazepine level				\$18.04

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00080184		PHENOBARBITAL;			\$15.58
00080185		PHENYTOIN; TOTAL;			\$18.04
00080186		PHENYTOIN, FREE			\$18.73
00080188		PRIMIDONE;			\$22.03
00080190		PROCAINAMIDE			\$18.99
00080192		PROCAINAMIDE WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)			\$18.99
00080194		QUINIDINE;			\$19.87
00080195		SIROLIMUS			\$18.69
00080197		TACROLIMUS			\$18.69
00080198		THEOPHYLLINE;			\$17.36
00080199		Tiagabine level			\$24.58
00080200		TOBRAMYCIN;			\$21.94
00080201		TOPIRAMTE: QUANTITATIVE DRUG TESTING			\$16.23
00080202		VANCOMYCIN			\$18.44
00080203		Zonisamide level			\$18.04
00080299		QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED			\$18.64
00080303		Drug screen	NOT COVERED		
00080400		ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY. THIS PANEL MUST INC. CORTISOL (82533X2)			\$36.64
00080402		ACTH SIMULATION PANEL, FOR 21 HYDROXYLASE DEFICIENCY			\$90.06
00080406		3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY			\$98.75
00080408		ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG. SALINE INFUSION)			\$170.78
00080410		CALCIUM-PENTAGASTRIN STIMULATION PANEL			\$64.95
00080412		CORICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL			\$425.33
00080414		CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE RESPONSE			\$70.27
00080415		ESTRADIOL RESPONSE			\$72.15
00080416		RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)			\$179.58
00080417		PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)			\$59.86
00080418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL			\$773.26
00080420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR			\$81.48
00080422		GLUCAGON TOLERANCE PANEL; FOR INSULINOMA			\$62.70
00080424		FOR PHEOCHROMOCYTOMA			\$49.87

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00080426		GONADOTROPIN RELEASING HORMONE STIMULATION PANEL				\$201.96
00080428		GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOPA ADMIN.)				\$90.77
00080430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)				\$106.80
00080432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL				\$183.85
00080434		INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY				\$118.32
00080435		INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY				\$140.19
00080436		METYRAPONE PANEL				\$101.48
00080438		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR				\$68.60
00080439		TWO HOUR				\$91.47
00081000		UA/DIP STICK OR TAB REAG FOR BILI; GLUC, HGB, KETS, LEUKS, NITS, PH, PROT, SGR...NON AUTOMATED W/MICROSCOPY..... PPM LEVEL TEST				\$4.31
00081001		UA/DIPSTICK OR TAB REAG.....AUTOMATED W/MICROSCOPYKETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SP. GRAV, UROBIL, ANY #; AUTO				\$4.31
00081002		WITHOUT MICROSCOPY, NON-AUTOMATED INCORRECT PRICING CHANGED 5/93. CLIA WAVED IF SCREENING URINE TO MONITOR/DIAGNOSIS VARIOUS DISEASES				\$3.48
00081003		.....WITHOUT MICROSCOPY, AUTOMATED				\$3.06
00081003	QW	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, PH, KETONES, LEUKOCYTES,ETC.; AUTOMATED WITHOUT MICROSCOPYCLIA WAIVED				\$3.06
00081005		URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS DO NOT PAY IF 81000 IS ALSO BILLED ON SAME CLAIM.				\$2.95
00081007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK				\$3.49
00081007	QW	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK				\$3.49
00081015		MICROSCOPIC PPM LEVEL TEST				\$4.14
00081020		URINALYSIS; TWO OR THREE GLASS TEST; NEW CODE 1-1-95, PREV. DELETED 4-91				\$5.02
00081025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS CLIA WAVED FOR DIAGNOSIS OF PREGNANCY				\$8.61
00081050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH;				\$4.08

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00081200		ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,				\$204.81
00081201		GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE		NOT COVERED		
00081202		GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS		NOT COVERED		
00081203		GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION/DELETION VARIANTS		NOT COVERED		
00081205		BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE SYRUP URINE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, R183P,		DOCUMENTATI ON REQUIRED		\$98.20
00081206		BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE		DOCUMENTATI ON REQUIRED		\$223.13
00081207		BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE		DOCUMENTATI ON REQUIRED		\$197.10
00081208		BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE				\$218.88
00081209		BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT		DOCUMENTATI ON REQUIRED.		\$63.86
00081210		BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT		DOCUMENTATI ON REQUIRED		\$178.80
00081211		BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DEL		LIMIT ONE PER LIFETIME; DOCUMENTATI ON REQUIRED		\$2,178.04
00081212		BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS		LIMIT ONE PER LIFETIME; DOCUMENTATI ON REQUIRED, must have hx of breast, ovarian, or fallopian tube cancer.		\$176.26
00081213		BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON DUPLICATION/DELETION VARIANTS		NOT COVERED		
00081214		BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENEANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION		LIMIT ONE PER LIFETIME; DOCUMENTATI ON REQUIRED, must have hx of breast, ovarian,		\$1,434.54

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
				or fallopian tube cancer.		
00081215		BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT		LIMIT ONE PER LIFETIME; DOCUMENTATION REQUIRED, must have hx of breast, ovarian, or fallopian tube cancer.		\$93.01
00081217		BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT		LIMIT ONE PER LIFETIME; DOCUMENTATION REQUIRED, must have hx of breast, ovarian, or fallopian tube cancer.		\$93.01
00081220		CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELIN		DOCUMENTATION REQUIRED		\$199.25
00081221		CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS		NOT COVERED		
00081222		CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS				\$721.87
00081223		CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE		DOCUMENTATION REQUIRED		\$1,623.00
00081224		CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS (EG, MALE INFE		NOT COVERED		
00081225		CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUGMETABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8,				\$291.07
00081226		CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5,				\$450.46
00081227		CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)				\$174.64



						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00081228		CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICI		NOT COVERED		
00081229		CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHI		MEDICAL RECORDS		\$1,998.00
00081235		GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS		DOCUMENTATI ON REQUIRED		\$329.18
00081240		F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT		NOT FOR FAMILIAL TESTING		\$66.96
00081241		F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT				\$83.16
00081242		FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A>T)				\$110.87
00081243		FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENEANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES		DOCUMETNATI ON REQUIRD		\$81.75
00081245		FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENEANALYSIS, INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE, EXONS		DOCUMENTATI ON REQUIRED		\$165.51
00081246		TEST FOR DETECTING GENES ASSOCIATED WITH BLOOD CANCER		NOT COVERED		
00081246	90	Test for detecting genes associated with blood cancer		NOT COVERED		
00081250		G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, TYPE 1A, VON GIERKE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,		DOCUMENTATI ON REQUIRD		\$59.64
00081251		GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G>A)		DOCUMENTATI ON REQUIRED		\$392.87
00081252		GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26), FULL GENE SEQUENCE		DCOAUMENTAT ION REQUIRED		\$363.74
00081252	90	Gene analysis (gap junction protein, beta 2, 26kda; connexin 26), full gene sequence		NOT COVERED		
00081253		GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26), KNOWNFAMILIAL VARIANTS		DDOCUMENTAT ION REQUIRED		\$128.74
00081254		Gene analysis (gap junction protein, beta 6, 30kda, connexin 30), common variants		NOT COVERED		

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00081255		HEXA (HEXOSAMINIDASE A • ALPHA POLYPEPTIDE) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G>C, G269S)		DOCUMENTATION REQUIRED		\$345.87
00081256		HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)				\$88.95
00081257		HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BARTHYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, FOR COMMO		REQUIRES DOCUMENTATION		\$1,324.43
00081260		IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASECOMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANA		DOCUMENTATION REQUIRED		\$110.87
00081261		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION		DOCUMENTATION REQUIRED		\$269.43
00081262		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION				\$59.40
00081263		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS				\$400.79
00081264		IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNOR				\$203.21
00081265		COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT RECIPIENT AND DONOR GER				\$292.65
00081266		COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONALSPECIMEN (EG, ADDITIONAL CORD BLOOD DONOR, ADDITIONAL FETAL SAMP		NOT COVERED		
00081267		CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG,HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERF				\$282.32
00081268		CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG,HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERF				\$354.89
00081270		JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT				\$124.75
00081275		KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSIS, VARIANTS IN CODONS 12 AND 13				\$196.99

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00081280		LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); FULL SEQUENCE ANAL		NOT COVERED		
00081281		LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); KNOWN FAMILIAL SEQ		NOT COVERED		
00081282		LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); DUPLICATION/DELETI		NOT COVERED		
00081287		MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) GENE ANALYSIS		NOT COVERED		
00081288		Test for detecting genes associated with colon cancer		NOT COVERED		
00081288	90	Test for detecting genes associated with colon cancer		NOT COVERED		
00081290		MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMONVARIANTS (EG, IVS3-2A>G, DEL6.4KB)				\$63.86
00081291		MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 12		NOT FOR FAMILIAL TESTING		\$59.40
00081292		MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;		DOCUMENTATI ON REQUIRED NOT FOR FAMILIAL TESTING		\$644.62
00081293		MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;		DOCUMENTATI ON REQUIRED;NOT FOR FAMILIAL TESTING		\$258.41
00081294		MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;		REQUIRED DOCUMENTATI ON		\$190.20
00081295		MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;		REQUIRES DOCUMENTATI ON		\$151.33
00081296		MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;		REQUIRES DOCUMENTATI ON		\$129.21
00081297		MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;		REQUIRES DOCUMENTATI ON		\$151.33

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00081298		MSH6 (MUTS HOMOLOG 6 • E. COLIÙ) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	REQUIRES DOCUMENTATION		\$287.11
00081299		MSH6 (MUTS HOMOLOG 6 • E. COLIÙ) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	REQUIRES DOCUMENTATION		\$160.84
00081300		MSH6 (MUTS HOMOLOG 6 • E. COLIÙ) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	DOCUMENTATION REQUIRED		\$161.28
00081301		MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY	DOCUMENTATION REQUIRED		\$394.05
00081302		MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	DOCUMENTATION REQUIRED		\$226.25
00081303		MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	NOT COVERED		
00081304		MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	REQUIRES DOCUMENTATION		\$67.44
00081310		NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS	DOCUMENTATION REQUIRED		\$246.52
00081313		Test for detecting genes associated with prostate cancer	NOT COVERED		
00081313	90	Test for detecting genes associated with prostate cancer	NOT COVERED		
00081315		PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREA	DOCUMENTATION REQUIRED		\$282.12
00081316		PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREA	DOCUMENTATION REQUIRED		\$430.31
00081317		PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 • S. CEREVISIAEÙ) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	REQUIRES DOCUMENTATION		\$779.34
00081318		PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 • S. CEREVISIAEÙ) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	DOCUMENTATION REQUIRED		\$184.15
00081319		PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 • S. CEREVISIAEÙ) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	REQUIRES DOCUMENTATION		\$221.11
00081321		GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS	NOT COVERED		

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00081321	90	Gene analysis (phosphatase and tensin homolog), full sequence analysis		NOT COVERED		
00081322		GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT		NOT COVERED		
00081323		GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION/DELETION VARIANT		NOT COVERED		
00081324		GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), DUPLICATION/DELETION ANALYSIS		NOT COVERED		
00081325		GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS		NOT COVERED		
00081326		GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT		NOT COVERED		
00081330		SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302)		DOCUMENTATION REQUIRED		\$204.87
00081331		SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG, PRADER-WILLI SYNDROME AND/OR ANGELMAN S		DOCUMENTATION REQUIRED		\$63.87
00081332		SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GEN				\$59.40
00081340		TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S);		DOCUMENTATION REQUIRED		\$284.31
00081341		TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S);				\$67.48
00081342		TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POP				\$274.21
00081350		UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)		DOCUMENTATION REQUIRED		\$197.20
00081355		VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)		DOCUMENTATION REQUIRED		\$180.35
00081370		HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1				\$547.23

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00081371		HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1/3/4/5 (EG, VERIFICATION TYPING)	DOCUMENTATION REQUIRED		\$327.54
00081372		HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)	DOCUMENTATION REQUIRED		\$300.61
00081373		HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH			\$151.55
00081374		HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH			\$99.00
00081375		HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AND -DQB1	DOCUMENTATION REQUIRED		\$300.40
00081376		HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	DOCUMENTATION REQUIRED		\$166.32
00081377		HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH	DOCUMENTATION REQUIRED		\$124.94
00081378		HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1	DOCUMENTATION REQUIRED		\$470.26
00081379		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)	DOCUMENTATION REQUIRED		\$456.40
00081380		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH	DOCUMENTATION REQUIRED		\$241.21
00081381		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH	DOCUMENTATION REQUIRED		\$128.71
00081382		HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DPB1, OR -DPA)	DOCUMENTATION REQUIRED		\$168.31
00081383		HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH	DOCUMENTATION REQUIRED		\$148.51
00081400		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE			\$166.55
00081401		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT • TYPICALLY USING NONSEQUENCING TARGET VARIANT			\$221.73
00081402		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS • TYPICALLY USING NON-SEQUENCING TARGET			\$105.24

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00081403		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNASEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR	REQUIRES DOCUMENTATION		\$141.00
00081404		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/ DELETION VA	REQUIRES DOCUMENTATION		\$181.30
00081405		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/ DELETION VA	REQUIRES DOCUMENTATION		\$546.00
00081406		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNASEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VAR	REQUIRES DOCUMENTATION		\$408.66
00081407		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNASEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VAR	REQUIRES DOCUMENTATION		\$2,290.00
00081408		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLEGENE BY DNA SEQUENCE ANALYSIS)			\$2,839.50
00081410		TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	NOT COVERED		
00081411		Test for detecting genes associated with heart disease	NOT COVERED		
00081415		Test for detecting genes associated with diseases	NOT COVERED		
00081416		Test for detecting genes associated with disease	NOT COVERED		
00081417		Reevaluation test for detecting genes associated with disease	NOT COVERED		
00081420		Test for detecting genes associated with fetal disease	NOT COVERED		
00081425		Test for detecting genes associated with disease	NOT COVERED		
00081426		Test for detecting genes associated with disease	NOT COVERED		
00081427		Reevaluation test for detecting genes associated with disease	NOT COVERED		
00081430		Test for detecting genes causing hearing loss	NOT COVERED		
00081431		Test for detecting genes causing hearing loss	NOT COVERED		
00081435		Test for detecting genes associated with colon cancer	NOT COVERED		
00081436		Test for detecting genes associated with colon cancer	NOT COVERED		
00081440		Test for detecting genes	NOT COVERED		
00081445		Test for detecting genes associated with cancer of body organ	NOT COVERED		
00081450		Test for detecting genes associated with blood related cancer	NOT COVERED		
00081455		Test for detecting genes associated with cancer	NOT COVERED		
00081460		Test for detecting genes associated with disease	NOT COVERED		
00081465		Test for detecting genes associated with disease	NOT COVERED		

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00081470		Test for detecting genes associated with intellectual disability	NOT COVERED		
00081471		Test for detecting genes associated with intellectual disability	NOT COVERED		
00081479		MOLECULAR PATHOLOGY PROCEDURE	NOT COVERED		
00081500		Oncology (ovarian), biochemical assays of two proteins (ca-125 and he4),	NOT COVERED		
00081503		Oncology (ovarian), biochemical assays of five proteins (ca-125, apolipoprotein a1, beta-2 microglobulin, transferrin, and pre-a	NOT COVERED		
00081504		GENETIC PROFILING ON ONCOLOGY BIOPSY LESIONS	NOT COVERED		
00081507		DNA ANALYSIS USING MATERNAL PLASMA	NOT COVERED		
00081508		Fetal congenital abnormalities, biochemical assays of two proteins (papp-a, hcg • any form), utilizing maternal serum, algorithm reported as a r	NOT COVERED		
00081509		FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A,HCG • ANY FORM), DIA), UTILIZING MATERNAL SERUM, ALGORITHM REPORT	NOT COVERED		
00081510		FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3, HCG • ANY FORM), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS	NOT COVERED		
00081511		Fetal congenital abnormalities, biochemical assays of four analytes (afp, ue3, hcg • any form, dia) utilizing maternal serum, algorithm reporte	NOT COVERED		
00081512		Fetal congenital abnormalities, biochemical assays of five analytes (afp, ue3, total hcg, hyperglycosylated hcg, dia) utilizing maternal serum,	NOT COVERED		
00081519		Test for detecting genes associated with breast cancer	NOT COVERED		
00081599		Multianalyte assay procedure with algorithmic analysis	NOT COVERED		
00082009		ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE,			\$6.15
00082010		ACETONE, BLOOD			\$5.89
00082010	QW	ACETONE OR OTHER KETONE BODIES, SERUM, QUANTITATIVE			\$5.89
00082013		ACETYLCHOLINESTERASE			\$7.10
00082016		ACYLARNITINES; QUALITATIVE; EACH SPECIMEN			\$18.08
00082017		ACYLARNITINES; QUANTITATIVE, EACH SPECIMEN			\$22.95
00082024		ADRENOCORTICOTROPHIC HORMONE (ACTH),			\$52.56
00082030		ADENOSINE;5'-MONOPHOSPHATE , CYCLIC (CYLIC AMP);			\$35.11
00082040		ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD			\$6.73



						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00082040	QW	ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD				\$6.73
00082042		ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN				\$7.04
00082042	QW	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN				\$7.04
00082043		URINE, MICROALBUMIN, QUANTITATIVE				\$7.87
00082043	QW	URINE, MICROALBUMIN, QUANTITATIVE				\$7.87
00082044		URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)				\$6.22
00082044	QW	MICROALBUMIN, URINE, SEMIQUANTITATIVE CLIA WAVED ** ONLY FOR BOEHRINGER MANNHEIM AND CHEMSTRIP MICRAL (BOEHRINGER MANNHEIM)**				\$6.22
00082045		ALBUMIN; ISCHEMIA MODIFIED				\$46.19
00082075		ALCOHOL, BREATH; NON-COVERED SERVICE				\$16.40
00082085		ALDOLASE;				\$13.21
00082088		ALDOSTERONE;				\$55.46
00082103		ALPHA-1-ANTITRYPSIN; TOTAL;				\$18.29
00082104		.....PHENOTYPE;				\$19.68
00082105		ALPHA-FETOPROTEIN; SERUM ;		Not for maternal genetic testing for neural tube defects or Down's		\$22.83
00082106		.....AMNIOTIC FLUID ;		Not for maternal genetic testing for neural tube defects or Down's		\$22.83
00082107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)		Not for maternal genetic testing for neural tube defects or Down's		\$87.65
00082108		ALUMINUM;				\$34.67
00082120		AMINES; VAGINAL FLUID, QUALITATIVE				\$3.19
00082120	QW	AMINES, VAGINAL FLUID, QUALITATIVE				\$3.19
00082127		AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN				\$18.08
00082128		AMINO ACIDS, QUALITATIVE (MEDICARE MAX OF \$15.30 FOR INDEPENDENT LAB)				\$18.08
00082131		AMINO ACIDS, QUANTITATION, EACH				\$22.95
00082135		AMINOLEVULNIC ACID, DELTA (ALA);				\$22.39
00082136		AMINO ACIDS, 5 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN				\$22.95
00082139		AMINO ACIDS, 6 OR MORE AMINO ACIDS, EACH SPECIMEN				\$22.95

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00082140		AMMONIA				\$16.01
00082143		AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC);				\$9.35
00082150		AMYLASE				\$8.82
00082150	QW	AMYLASE				\$8.82
00082154		ANDROSTANEDIOL GLUCURONIDE				\$39.24
00082157		ANDROSTENEDIONE ;				\$39.84
00082160		ANDROSTERONE;				\$34.03
00082163		ANGIOTENSIN II				\$27.87
00082164		ANGIOTENSION I - CONVERTING ENZYME (ACE);				\$19.87
00082172		APOLIPOPROTEIN, EACH;				\$21.09
00082175		ARSENIC				\$14.82
00082180		ASCORBIC ACID, BLOOD				\$13.45
00082190		ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE				\$20.28
00082232		BETA-2 MICROGLOBULIN				\$18.48
00082239		BILE ACIDS; TOTAL				\$23.31
00082240		BILE ACIDS; CHOLYLGLYCINE,				\$36.17
00082247		BILIRUBIN; TOTAL				\$6.83
00082247	QW	BILIRUBIN; TOTAL				\$6.83
00082248		BILIRUBIN; DIRECT PART OF 80076				\$6.83
00082252		FECES, QUALITATIVE;				\$6.19
00082261		BIOTINIDASE, EACH SPECIMEN				\$22.95
00082270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; FECES, CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERMINATION, FOR C				\$3.71
00082271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; OTHER SOURCES				\$3.71
00082271	QW	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; OTHER SOURCES				\$3.71
00082272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL				\$3.71
00082272	QW	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL				\$3.71
00082274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS				\$21.65

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00082274	QW	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS				\$21.65
00082286		BRADYKININ,				\$9.38
00082300		CADMIUM				\$21.66
00082306		VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED				\$40.29
00082308		CALCITONIN				\$21.66
00082310		CALCIUM; TOTAL;(PANEL TEST 80002-80019)				\$7.02
00082310	QW	CALCIUM; TOTAL (PANEL TEST 80002-80019)				\$7.02
00082330		CALCIUM;IONIZED				\$16.21
00082330	QW	CALCIUM; IONIZED				\$16.21
00082331		AFTER CALSIUM INFUSION TEST				\$7.04
00082340		*****URINE QUANTITATIVE, TIMED SPECIMIN;				\$8.21
00082355		CALCULUS; QUALITATIVE ANALYSIS				\$15.75
00082360		CALCULUS (STONE), QUANTITATIVE ANALYSIS, CHEMICAL				\$15.84
00082365		INFRARED SPECTROSCOPY				\$15.84
00082370		X-RAY DIFFRACTION (8000)				\$15.84
00082373		CARBOHYDRATE DEFICIENT TRANSFERRIN				\$24.58
00082374		CARBON DIOXIDE (BICARBONATE);				\$6.65
00082374	QW	CARBON DIOXIDE (BICARBONATE)				\$6.65
00082375		CARBOXYHEMOGLOBIN; QUANTITATIVE				\$16.77
00082376		CARBOXYHEMOGLOBIN; QUALITATIVE				\$3.92
00082378		CARCINOEMBRYONIC ANTIGEN (CEA)				\$25.81
00082379		CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN				\$22.95
00082380		CAROTENE;				\$12.55
00082382		CATECHOLAMINES; TOTAL URINE;				\$23.40
00082383		BLOOD;				\$34.10
00082384		FRACTIONATED				\$24.93
00082387		CATHEPSIN-D				\$23.81
00082390		CERULOPLASMIN;				\$14.62
00082397		CHEMILUMINESCENT ASSAY				\$1.27
00082415		CHLORAMPHENICOL				\$8.99
00082435		CHLORIDE; BLOOD				\$6.26
00082435	QW	CHLORIDE; BLOOD				\$6.26
00082436		URINE (SPECIFY CHEMICAL,ELECTROMETERIC OR FANTUS TEST);				\$6.85

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00082438		CHLORIDE; OTHER SOURCE				\$6.65
00082441		CHLORINATED HYDROCARBONS, SCREEN				\$7.97
00082465		CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL				\$5.92
00082465	QW	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL				\$5.92
00082480		CHOLINESTERASE, SERUM;				\$10.72
00082482		RBC;				\$10.45
00082485		CHONDROITIN B SULFATE, QUANTITATIVE; CORRECTED PRICE 11/14/96 FROM 22.16 TO \$22.66.				\$28.10
00082486		CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCE LIQUID CHROMATOGRAPHY).				\$24.58
00082487		CHROMATOGRAPHY, PAPER, 1 DIMENSIONAL, ANALYTE NOT ELSEWHERE SPECIFIED				\$21.66
00082488		CHROMATOGRAPHY, PAPER, 2-DIMININSIONAL, ANALYTE NEC				\$23.67
00082489		CHROMATOGRAPHY, THIN LAYER, ANALYTE NEC;				\$25.17
00082491		CHROMOTOGRAPHY, QUANTITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCELIQUID CHROMATOGRAPHY)				\$24.58
00082492		CHROMATOGRAPHY, QUANTITATIVE, COLUMN, MULTIPLE ANALYTES, SINGLE STATIONARY AND MOBILE PHASE				\$24.58
00082495		CHROMIUM				\$23.55
00082507		CITRATE				\$23.55
00082523		COLLAGEN CROSS LINKS, ANY METHOD				\$25.43
00082523	QW	COLLAGEN CROSS LINKS, ANY METHOD				\$25.43
00082525		COPPER;				\$16.89
00082528		CORTICOSTERONE				\$30.64
00082530		CORTISOL; FREE				\$18.33
00082533		CORTISOL TOTAL				\$18.32
00082540		CREATINE PANEL 80002-80019				\$6.31
00082541		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY, ANALYTE NOT ELSEWHERE SPECIFIED, QUALITATIVE, SINGLE STATIONARY AND MOBILE PHASE				\$24.58
00082542		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY, ANALYTE NOT ELSEWHERE SPECIFIED; QUANTITATIVE, SINGLE STATIONARY AND MOBILE PHASE				\$24.58
00082543		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY, ANALYTE NOT ELSEWHERE SPECIFIED; STABLE ISOTROPE DILUTION, SINGLE ANALYTE, QUANTATIVE, SNGLE STATI/MOBIL				\$24.58

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00082544		COLUMN CHROMATOGRAPHY/MASS SPECTOMETRY, ANALYTE, NOS; STABLE ISOTROPEDILUTION, SINGLE ANALYTE, QUANTITATIVE, SINGLE STATIONARY AND MOBILE			\$24.58
00082550		CREATINE KINASE (CK), (CPK); TOTAL (PANEL TEST 80002-80019)			\$8.86
00082550	QW	CREATINE KINASE (CK); TOTAL. (PANEL TEST 80002-80019)			\$8.86
00082552		ISOENZYMES			\$18.23
00082553		CREATINE MB FRACTION ONLY			\$15.72
00082554		.....ISOFORMS			\$16.15
00082565		CREATININE; BLOOD(PANEL TEST 80002-80019)			\$6.97
00082565	QW	CREATINE; BLOOD			\$6.97
00082570		CREATININE; OTHER SOURCE			\$7.04
00082570	QW	CREATININE, OTHER SOURCE			\$7.04
00082575		CREATININE CLEARANCE			\$12.86
00082585		CRYOFIBRINOGEN			\$4.30
00082595		CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)			\$8.73
00082600		CYANIDE			\$26.40
00082607		CYANOCOBALAMIN (VITAMIN B-12)			\$20.51
00082608		CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY			\$19.48
00082610		CYSTATIN C			\$1.27
00082615		URINE, QUALITATIVE (8000)(MEDICARE MAX FEE)			\$11.11
00082626		DEHYDROEPIANDROSTERONE (DHEA)			\$21.66
00082627		DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)			\$21.66
00082633		DESOXYCORTICOSTERONE, 11-,			\$32.41
00082634		DEOXYCORTISOL, 11-			\$32.41
00082638		DIBUCAINE NUMBER			\$16.66
00082652		DIHYDROTESTOSTERONE (DHT) 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED			\$52.39
00082656		ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE			\$15.70
00082657		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS OR TISSUE, NOS; NONRADIOACTIVE SUBSTRATE, EACH SPECIMEN			\$24.58
00082658		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOS; RADIOACTIVE SUBSTRATE, EACH SPECIMEN			\$24.58
00082664		ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED			\$46.75

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00082668		ERYTHROPOIETIN				\$22.78
00082670		ESTRADIOL				\$36.08
00082671		ESTROGENS; FRACTIONATED				\$43.96
00082672		ESTROGENS, FRACTIONATED; TOTAL				\$29.53
00082677		ESTRIOL		Not for maternal genetic testing for neural tube defects or Down's		\$32.91
00082679		ESTRONE				\$33.96
00082679	QW	ESTRONE				\$33.96
00082693		ETHYLENE GLYCOL				\$20.27
00082696		ETIOCHOLANOLONE				\$27.22
00082705		FAT OR LIPIDS, FECES, QUALITATIVE				\$3.67
00082710		QUANTITATIVE				\$22.87
00082715		FAT DIFFERENTIAL, FECES, QUANTITATIVE				\$23.42
00082725		FATTY ACIDS, NONESTERIFIED				\$18.12
00082726		VERY LONG CHAIN FATTY ACIDS				\$24.58
00082728		FERRITIN;				\$18.54
00082731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE				\$87.65
00082735		FLUORIDE;				\$25.23
00082746		FOLIC ACID; SERUM;				\$20.01
00082747		FOLIC ACID RBC				\$23.57
00082757		FRUCTOSE, SEMEN				\$23.60
00082759		GALACTOKINASE, RBC;				\$29.24
00082760		GALACTOSE				\$11.76
00082775		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE (8000)(MEDICARE MAX FEE)				\$27.87
00082776		SCREEN (CRVS OF 8998 AS OF 11\82);				\$11.41
00082777		Galectin-3 level				\$29.93
00082784		GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH				\$12.65
00082785		GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE				\$18.22
00082787		GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASSES (EG, IGG1, 2, 3, OR4), EACH				\$10.91
00082800		GASES, BLOOD; PH ONLY				\$11.51
00082803		GASSES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2, NON COVERED WHEN BILLED WITH INPT HOSP VISITS				\$26.33
00082805		WITH O2 SATURATION, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY				\$36.27

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00082810		GSES, BLOOD, O2, SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY			\$9.41
00082820		HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)			\$13.59
00082930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN			\$7.41
00082938		GASTRIN AFTER SECRETIN STIMULATION			\$24.08
00082941		GASTRIN			\$7.97
00082943		GLUCAGON;			\$19.44
00082945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD			\$5.34
00082946		GLUCAGON TOLERANCE TEST			\$7.97
00082947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)			\$5.34
00082947	QW	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)			\$5.34
00082948		GLUCOSE; BLOOD, REAGENT STRIP (PANEL TEST 80002-80019)			\$2.18
00082950		POST GLUCOSE DOSE (INCLUDES GLUCOSE);			\$6.46
00082950	QW	POST GLUCOSE DOSE (INCLUDES GLUCOSE)			\$6.46
00082951		TOLERANCE TEST (GTT) THREE SPECIMENS (INCLUDES GLUCOSE)			\$17.52
00082951	QW	TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)			\$17.52
00082952		TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS			\$3.41
00082952	QW	TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS			\$3.41
00082955		GLUCOSE-6-PHOSPHATE DEHYDROGENASE, ERYTHROCYTE			\$6.32
00082960		SCREEN;			\$8.24
00082962		GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDASPEC HOME USE, CLIA WAIVED TEST.			\$3.19
00082963		GLUCOSIDASE, BETA;			\$29.24
00082965		GLUTAMATE DEHYDROGENASE;			\$10.52
00082977		GLUTAMYLTRANSFERASE, GAMMA (GGT);			\$9.80
00082977	QW	GLUTAMYLTRANSFERASE, GAMMA (GGT) *****			\$9.80
00082978		GLUTATHIONE;			\$19.40
00082979		GLUTATHIONE REDUCTASE, RBC;			\$9.38
00082985		GLYCATED PROTEIN;			\$20.51
00082985	QW	GLYCATED PROTEIN: LXN FRUCTOSAMINE TEST SYSTEM IS CLIA WAIVED. CLIA WAIVED			\$20.51
00083001		GONATROPIN; FOLLICLE STIMULATING HORMONE (FSH);			\$25.29

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00083001	QW	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)				\$25.29
00083002		GONADOTROPIN, LUTEINIZING HORMONE (LH);				\$25.20
00083002	QW	GONADOTROPIN; LUTENIZING HORMONE (LH)				\$25.20
00083003		GROWTH HORMONE, HUMAN (HGH),(SOMATOTROPIN);				\$22.70
00083006		TEST FOR DETECTING GENES ASSOCIATED WITH GROWTH STIMULATION				\$29.93
00083009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVEISOTOPE (EG, C-13)				\$78.77
00083010		HAPTOGLOBIN, QUANTITATIVE;				\$17.12
00083012		*****PHENOTYPES				\$18.99
00083013		HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)				\$78.77
00083014		HELICOBACTER PYLORI; DRUG ADMINISTRATION				\$10.70
00083015		HEAVY METAL SCREEN (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY,MERCURY);				\$25.63
00083018		HEAVY METAL QUANT., EACH;				\$14.49
00083020		HEMOGLOBIN; ELECTROPHORESIS (EG. A2,S,C,)				\$17.52
00083021		B-HEXOSAMINIDASE, EACH ASSAY				\$24.58
00083026		HEMOGLOBIN; BY COPPER SUFATE METHOD, NON-AUTOMATED CLIA WAVED FOR MONITORING HEMOGLOBIN IN BLOOD				\$3.22
00083030		HEMOGLOBIN, F (FETAL), CHEMICAL				\$8.88
00083033		HEMOGLOBIN; F (FETAL), QUALITATIVE				\$8.11
00083036		HEMOGLOBIN; GLYCOSYLATED (A1C)				\$13.21
00083036	QW	HEMOGLOBIN; GLYCOSYLATED (A1C)				\$13.21
00083037	QW	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE				\$13.21
00083045		METHEMOGLOBIN, QUALITATIVE;				\$6.74
00083050		METHEMOGLOBIN, QUANTITATIVE;				\$9.98
00083051		PLASMA;				\$9.95
00083060		SULFHEMOGLOBIN, QUANTITATIVE;				\$11.25
00083065		THERMOLABILE;				\$9.38
00083068		UNSTABLE, SCREEN;				\$11.51
00083069		URINE;				\$5.37
00083070		HEMOSIDERIN, QUALITATIVE				\$3.04
00083080		B-HEXOSAMINIDASE, EACH ASSAY				\$22.95
00083088		HISTAMINE;				\$40.19
00083090		HOMOCYSTINE				\$22.95



CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00083150		HOMOVANILLIC ACID (HVA);			\$26.33
00083491		HYDROXYCORTICOSTEROIDS, 17-(17-OHCS);			\$13.95
00083497		HYDROXYINDOLACETIC ACID, 5-(HIAA), URINE			\$11.90
00083498		HYDROXYPROGESTERONE, 17-D			\$26.71
00083499		HYDROPROGESTERONE, 20-			\$33.16
00083500		HYDROXYPROLINE, FREE;			\$21.40
00083505		HYDROXYPROLINE; TOTAL			\$30.07
00083516		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP ME			\$15.70
00083518		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METH			\$11.53
00083518	QW	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METH			\$11.53
00083519		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUANTITATIVE, BY RADIOIMMUNOASSAY (EG, RIA)			\$18.39
00083520		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED			\$17.62
00083520	QW	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED			\$17.62
00083525		INSULIN, TOTAL,			\$15.55
00083527		INSULIN; FREE; NOT ON MEDICARE FEE SCHEDULE.			\$17.62
00083528		INTRINSIC FACTOR			\$19.75
00083540		IRON;			\$8.81
00083550		IRON BINDING CAPACITY;			\$11.90
00083570		{SOCITRIC DEHYDROGENASE (IDH);			\$12.04
00083582		KETOGENIC STEROIDS, FRACTIONATION;			\$19.28
00083586		KETOSTEROIDS, 17-(17-KS) TOTAL;			\$17.43
00083593		KETOSTEROIDS, FRACTIONATION			\$21.66
00083605		LACTATE, BLOOD			\$11.76
00083605	QW	LACTATE (LACTIC ACID)			\$11.76
00083615		LACTIC DEHYDROGENASE (LD),(LDH); (PANEL TEST 80002-80019)			\$8.21
00083625		*****ISOENZYMES, SEPARATION AND QUANTITATION;			\$17.42

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00083630		LACTOFERRIN, FECAL; QUALITATIVE				\$26.71
00083631		LACTOFERRIN, FECAL, QUANTITATIVE				\$26.71
00083632		LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOTROPIN				\$27.51
00083633		LACTOSE, URINE, QUALITATIVE				\$7.10
00083655		LEAD				\$16.47
00083655	QW	LEAD				\$16.47
00083661		FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO		NOT COVERED		
00083662		L/S RATIO FOAM STABILITY TEST				\$4.30
00083663		FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION				\$4.30
00083664		FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY				\$4.30
00083670		LEUCINE AMINOPEPTIDASE (LAP)				\$6.99
00083690		LIPASE ;				\$9.38
00083695		LIPOPROTEIN (A)				\$17.62
00083698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)				\$46.19
00083700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION				\$7.97
00083701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG				\$33.78
00083704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES (EG, BY NUCLEAR MAGNETIC RESONANCE				\$42.93
00083718		LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) ;PART OF LIPID PANEL 80061				\$11.14
00083718	QW	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) CLIA WAVED TEST CHOLESTECH LDX				\$11.14
00083719		LIPOPROTEIN VERY LOW DENSITY CHOLESTEROL (VLDL CHOLESTEROL);				\$15.84
00083721		LIPOPROTEIN LDL CHOLESTEROL				\$12.99
00083721	QW	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL *****				\$12.99
00083727		LUTEINIZING RELEASING FACTOR(LRH), RIA ;				\$23.40
00083735		MAGNESIUM;				\$9.11
00083775		MALATE DEHYDROGENASE,;				\$10.03
00083785		MANGANESE				\$23.67

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00083788		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY , ANALYTE NOS/ QUALITATIVE, EACH SPECIMEN				\$24.58
00083789		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY, ANALYTE NOS; QUANTITATIVE, EACH SPECIMEN				\$24.58
00083825		MERCURY, QUANTITATIVE				\$22.12
00083835		METANEPHRINES				\$23.05
00083857		METHEMALBUMIN				\$10.25
00083861		MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY				\$22.48
00083861	QW	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY				\$22.48
00083864		MUCOPOLYSACCHARIDES, ACID, QUANTITATIVE;				\$24.37
00083872		MUCIN, SYNOVIAL FLUID (ROPE TEST)				\$4.06
00083873		MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID				\$23.41
00083874		MYOGLOBIN;				\$17.58
00083876		MYELOPEROXIDASE (MPO)				\$46.19
00083880		NATRIURECTIC PEPTIDE				\$46.19
00083880	QW	NATRIURECTIC PEPTIDE				\$46.19
00083883		NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED				\$1.27
00083885		NICKEL				\$7.33
00083915		5-NUCLEOTIDASE				\$12.28
00083916		OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)				\$27.37
00083918		ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN				\$22.39
00083919		ORGANIC ACIDS; QUALITATIVE, EACH SPECIMENT				\$22.39
00083921		ORGANIC ACID, SINGLE, QUANTITATIVE				\$22.39
00083930		OSMOLALITY, BLOOD, 8192;				\$9.00
00083935		OSMOLALITY URINE;				\$9.28
00083937		OSTEOCALCIN (BONE G1A PROTEIN); RNE				\$40.62
00083945		OXALATE;				\$17.52
00083950		ONCOPROTEIN; HER-2/NEU				\$87.65
00083951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)				\$87.65
00083970		PARATHORMONE (PARATHYROID HORMONE);				\$56.17
00083986		PH; BODY FLUID, NOT OTHERWISE SPECIFIED				\$4.87
00083986	QW	PH; BODY FLUID, NOT OTHERWISE SPECIFIED				\$4.87
00083987		PH; EXHALED BREATH CONDENSATE				\$21.61
00083992		PHENCYCLIDINE (PCP)				\$11.90

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00083993		CALPROTECTIN, FECAL				\$26.71
00084030		PHENYLALANINE (PKU), BLOOD;				\$7.48
00084035		PHENYLKETONES, QUALITATIVE;				\$4.98
00084060		PHOSPHATASE, ACID; TOTAL; (PART OF PANEL CODES 80002-80019)				\$10.05
00084061		PHOSPHATASE, FORENSIC EXAMINATION				\$10.76
00084066		PHOSPHASE PROSTATIC;				\$13.15
00084075		PHOSPHATASE, ALKALINE(PANEL TEST 80002- 80019)				\$7.04
00084075	QW	PHOSPATASE, ALKALINE				\$7.04
00084078		HEAT STABLE (TOTAL NOT INCLUDED) (PANEL TEST 80002-80019)				\$6.32
00084080		PHOSPHATASE ISOENZYMES;				\$20.12
00084081		PHOSPHATIDYLGlycerol;				\$22.48
00084085		PHOSPHOGLUCONATE, 6- DEHYDROGENASE, RBC				\$9.18
00084087		PHOSPHOHEXOSE ISOMERASE;				\$14.05
00084100		PHOSPORUS INORGANIC (PHOSPHATE); (PANEL TEST 80002-80019)				\$6.45
00084105		PHOSPHORUS URINE				\$7.04
00084106		PORPHOBILINOGEN, URINE, QUALITATIVE 8107				\$5.82
00084110		QUANTITATIVE 8109				\$5.45
00084112		PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG- 1), CERVICOVAGINAL SECRETION, QUALITATIVE				\$87.65
00084119		PORPHYRINS, URINE; QUALITATIVE				\$11.72
00084120		PORPHYRINS, URINE, QUANTITATION AND FRACTIONATION				\$13.79
00084126		PORPHYRINS, FECES, QUANTITATIVE				\$9.52
00084132		POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD				\$6.26
00084132	QW	POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD				\$6.26
00084133		POTASSIUM URINE				\$5.85
00084134		PREALBUMIN				\$19.84
00084135		PREGNANEDIOL; RIA				\$14.33
00084138		PREGNANETRIOL; RIA				\$25.77
00084140		PREGNENOLONE ; RNE				\$28.13
00084143		17-HYDROXPREGNENOLONE;				\$31.05
00084144		PROGESTERONE				\$28.39
00084145		PROCALCITONIN (PCT)				\$21.66
00084146		PROLACTIN				\$26.37

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00084150		PROSTAGLANDIN, EACH				\$33.96
00084152		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)				\$25.03
00084153		PROSTATE SPECIFIC ANTIGEN (PSA)				\$25.03
00084154		PROSTATE SPECIFIC ANTIGEN; FREE				\$25.03
00084155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD				\$4.99
00084155	QW	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD				\$4.99
00084156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE				\$4.99
00084157		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID,CEREBROSPINAL FLUID)				\$4.99
00084157	QW	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID, CEREBROSPINAL FLUID)				\$4.99
00084160		PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE				\$7.04
00084163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)				\$20.49
00084165		PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM				\$14.61
00084166		PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITHCONCENTRATION (EG, URINE, CSF)				\$24.27
00084181		WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID				\$23.18
00084182		WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID,IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION				\$24.49
00084202		PROTOPORPHYRIN, RBC; QUANTITATIVE (CRVS OF 8998 AS OF 11\82)				\$11.02
00084203		SCREEN				\$11.71
00084206		PROINSULIN,				\$24.24
00084207		PYRIDOXINE PHOSPHATE (VITAMIN B-6)				\$19.75
00084210		PYRUVATE				\$14.77
00084220		PYRUVIC KINASE				\$12.85
00084228		QUININE				\$15.84
00084233		RECEPTOR ASSAY; ESTROGEN				\$87.65
00084234		RECEPTOR ASSAY; PROGESTERONE				\$88.29
00084235		RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)				\$71.23

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00084238		RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)			\$49.77
00084244		RENIN			\$29.93
00084252		RIBOFLAVIN (VITAMIN B-2)			\$27.54
00084255		SELENIUM			\$28.50
00084260		SEROTONIN)			\$31.51
00084270		SEX HORMONE BINDING GLOBULIN (SHBG)			\$29.58
00084275		SIALIC ACID			\$18.29
00084285		SILICA			\$9.25
00084295		SODIUM; SERUM, PLASMA OR WHOLE BLOOD			\$6.55
00084295	QW	SODIUM; SERUM, PLASMA OR WHOLE BLOOD			\$6.55
00084300		URINE (PRIOR TO 7/82 CRVS WAS M124, TEACHING UNIT TIMES .75 UNITS)			\$3.92
00084302		SODIUM; OTHER SOURCE			\$3.92
00084305		SOMATOMEDIN			\$28.93
00084307		SOMATOSTATIN			\$24.88
00084311		SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED			\$8.73
00084315		SPECIFIC GRAVITY (EXCLUDING URINE)			\$3.42
00084375		SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY			\$18.97
00084376		SUGARS; SINGLE QUALITATIVE, EACH SPECIMEN			\$7.10
00084377		SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN			\$7.10
00084378		SUGARS; SINGLE QUATITATIVE, EACH SPECIMEN			\$11.90
00084379		SUGARS; MULTIPLE QUANTITATIVE, EACH SPECIMEN			\$11.90
00084392		SULPHATE, URINE			\$3.91
00084402		TESTOSTERONE; FREE			\$34.65
00084403		TESTOSTERONE, TOTAL			\$35.13
00084425		THIAMINE (VITAMIN B-1) (CRVS OF 8998 AS OF 11/82)			\$23.41
00084430		THIOCYANATE			\$10.25
00084431		THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE			\$22.87
00084432		THYROGLOBULIN			\$21.86
00084436		THYROXINE, TOTAL			\$9.35
00084437		THYROXINE, REQUIRING ELUTION (EG, NEONATAL)			\$8.81
00084439		THYROXINE, FREE			\$11.90
00084442		THYROXINE BINDING GLOBULIN (TBG)			\$20.12
00084443		THYROID STIMULATING HORMONE (TSH)			\$22.87

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00084443	QW	THYROID STIMULATING HORMONE (TSH)				\$22.87
00084445		THYROID STIMULATING IMMUNE GLOBULINS (TSI)				\$69.20
00084446		TOCOPHEROL ALPHA (VITAMIN E) (CRVS OF 8998 AS OF 11\82)				\$5.95
00084449		TRANSCORTIN (CORTISOL BINDING GLOBULIN);				\$24.49
00084450		TRANFERASE, ASPARTATE AMINO (AST) (SGOT) (PANEL TEST (80002-80019)				\$7.04
00084450	QW	TRANFERASE, ASPARTATE AMINO (AST) (SGOT)*****				\$7.04
00084460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)(PANEL TEST 80002-80019)				\$7.21
00084460	QW	TRANSFERASE; ALANINE AMINO (AST)(SGPT)				\$7.21
00084466		TRANSFERRIN				\$17.38
00084478		TRIGLYCERIDES,				\$7.82
00084478	QW	TRIGLYCERIDES CLIA WAVED TEST CHOLESTECH LDX				\$7.82
00084479		TRIDOTHYRONINE (T-3), RESIN UPTAKE				\$8.81
00084480		TRIIODOTHYRONINE, TOTAL (TT-3)				\$11.90
00084481		TRIODOTHYRONINE, FREE				\$11.90
00084482		T-3,REVERSE				\$11.89
00084484		TROPONIN, QUANTITATIVE				\$13.39
00084485		TRYPSIN, DUODENAL FLUID				\$1.91
00084488		TRYPSIN, FECES, QUALITATIVE				\$1.91
00084490		TRYPSIN, FECES. QUANTITATIVE, 24-HOUR COLLECTION				\$10.35
00084510		TYROSINE				\$7.33
00084512		TROPONIN, QUALITATIVE DRUG TESTING				\$8.85
00084520		UREA NITROGEN; QUANTITATIVE				\$5.37
00084520	QW	UREA NITROGEN, QUANTITATIVE				\$5.37
00084525		UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)				\$3.19
00084540		UREA NITROGEN, URINE *				\$6.46
00084545		CLEARANCE 8236				\$8.99
00084550		URIC ACID; BLOOD,(PANEL TEST 80072)				\$6.15
00084550	QW	URIC ACID; BLOOD				\$6.15
00084560		URIC ACID, OTHER SOURCE				\$6.46
00084577		UROBILINOGEN, FECES, QUANTITATIVE				\$16.98
00084578		UROBILINOGEN, URINE, QUALITATIVE				\$4.43
00084580		QUANTITATIVE, TIMED SPECIMEN 8141				\$9.66
00084583		UROBILINOGEN SEMIQUANTITATIVE,				\$6.85

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00084585		VANILLYLMADELIC ACID (VMA), URINE DELETED0593PRICE\$22.40				\$21.09
00084586		VASOACTIVE INTESTINAL PEPTIDE (VIP) ;				\$48.09
00084588		VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)				\$46.19
00084590		VITAMIN A,				\$15.79
00084591		VITAMIN, NOT OTHERWISE SPECIFIED				\$15.79
00084597		VITAMIN K				\$18.66
00084600		VOLATILES (ACETIC ANHYDRIDE, CARBON TETRACHLORIDE,DICHLOROETHANE, DICHLOTOMETHANE, DIETHYLETHER, ISOPROPYL ALCOHOL, METHANOL)				\$21.88
00084620		XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE				\$16.12
00084630		ZINC				\$7.33
00084681		C-PEPTIDE				\$28.32
00084702		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE				\$20.49
00084703		GONADOTROPIN QUALITATIVE				\$10.23
00084703	QW	GONADOTROPIN QUALITATIVE				\$10.23
00084704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN				\$20.49
00084830		OVULATION TESTS, BY VIUSAL COLOR COMPARISON METHODS FOR HUMAN LEUTINIZINHORMONE. CLIA WAVED FOR DETECTION OF OVULATION (OPTIMAL FOR CONCEPTION)				\$13.65
00084999		UNLISTED CHEMISTRY PROCEDURE , BY REPORT		NOT COVERED		
00085002		BLEEDING TIME				\$6.13
00085004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT				\$8.81
00085007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT				\$4.68
00085008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIALWBC COUNT				\$4.56
00085009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT				\$5.06
00085013		BLOOD COUNT, SPUN HEMATOCRIT CLIA WAVED FOR ANEMIA SCREENING				\$3.23
00085014		BLOOD COUNT; HEMATOCRIT (HCT)				\$3.23
00085014	QW	HEMATOCRIT (HCT)				\$3.23
00085018		BLOOD COUNT; HEMOGLOBIN (HGB)				\$3.23
00085018	QW	BLOOD COUNT; HEMOGLOBIN (HGB)				\$3.23



CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00085025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT			\$6.32
00085027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)			\$8.81
00085032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH			\$5.85
00085041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED			\$4.11
00085044		BLOOD COUNT; RETICULOCYTE, MANUAL			\$4.81
00085045		BLOOD COUNT; RETICULOCYTE, AUTOMATED			\$5.44
00085046		BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE CELLULAR PARAMETERS (EG, RETICULOCYTE HEMOGLOBIN CONTENT (CHR), IMMATURE			\$7.59
00085048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED			\$3.46
00085049		BLOOD COUNT; PLATELET, AUTOMATED			\$6.09
00085055		RETICULATED PLATELET ASSAY			\$22.22
00085130		CHROMOGENIC SUBSTRATE ASSAY			\$16.18
00085170		CLOT RETRACTIONDELETED 0593 PRICE\$5.23			\$4.92
00085175		CLOT LYSIS TIME, WHOLE BLOOD DILUTION			\$4.93
00085210		FACTOR II (PROTHROMBIN)			\$7.33
00085220		FACTOR V (ACG OR PROACCELERIN)			\$10.52
00085230		FACTOR VII (PROCONVERTIN)			\$10.52
00085240		FACTOR VIII (AHG)			\$10.52
00085244		FACTOR VIII RELATED ANTIGENDELETED 0593 PRICE\$29.80			\$27.79
00085245		FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR			\$27.72
00085246		FACTOR VIII, VW FACTOR ANTIGEN			\$27.72
00085247		FACTOR VIII, VON WILLEBRAND"S FACTOR, MULTIMETRIC ANALYSIS			\$27.72
00085250		FACTOR IX (PTC OR CHRISTMAS)			\$10.52
00085260		FACTOR X (STUART-PROWER)			\$10.52
00085270		FACTOR XI (PTA)			\$18.99
00085280		FACTOR XII (HAGEMAN)			\$18.99
00085290		FACTOR XIII (FIBRIN STABILIZING) (ALSO CRUS 8433) 8433			\$18.09
00085291		FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY			\$9.52
00085292		PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)			\$25.77

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00085293		HIGH MOLECULAR WEIGHT KININNOGEN ASSAY FITZGERALD FACTOR ASSAY			\$25.77
00085300		CLOTING INHIBITORS OR ANTICOAGULANTS, ANTITHROMBIN III, ACTIVITY			\$16.13
00085301		ANTITHROMBIN 111 ANTIGEN ASSAYDELETED 0593 PRICE \$15.66			\$14.71
00085302		PROTEIN C, ANTIGEN			\$16.35
00085303		PROTEIN C, ACTIVITY			\$17.73
00085305		CLOTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL			\$15.79
00085306		PROTEIN S, FREE			\$17.73
00085307		ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY			\$17.73
00085335		FACTOR INHIBITOR TEST			\$17.52
00085337		THROMBOMODULIN			\$6.84
00085345		COAGULATION TIME (LEE AND WHITE) 8422			\$5.18
00085347		COAGULATION TIME, ACTIVATED			\$3.53
00085348		COAGULATION TIME, OTHER METHODS			\$5.07
00085360		EUGLOBULIN 8432			\$8.99
00085362		FIBRIN (OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE			\$9.38
00085366		PARACOAGULATION			\$11.72
00085370		FIBRIN QUANTITATIVE			\$9.75
00085378		FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUANTITATIVE			\$9.71
00085379		FIBRIN DEGRADATION PRODUCTS QUANTITATIVE			\$9.75
00085380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR VENOUS THROMBOEMBOLISM), QUALITATIVE OR SEMIQUANTITATIVE			\$9.75
00085384		FIBRINOGEN; ACTIVITY			\$11.56
00085385		FIBRINOGEN ANTIGEN			\$11.56
00085390		FIBRINOLYSINS OR COAGULOPATHY SCREEN			\$3.53
00085397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG, ADAMTS-13), EACH ANALYTE			\$27.72
00085400		FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN			\$12.02
00085410		ALPHA-2 ANTIPLASMIN			\$10.49
00085415		PLASMINOGEN ACTIVATOR			\$18.99
00085420		PLASMINOGEN			\$8.89
00085421		PLASMINOGEN, ANTIGENIC ASSAY			\$13.86

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00085441		HEINZ BODIES, DIRECT				\$4.81
00085445		INDUCED, ACETYL PHENYTHDRAZINE				\$9.28
00085460		HEMOGLOBIN, OR RBCS, FETAL, FOR FETOMATERNAL HMORRHAGE; DIFF. LYSIS....				\$8.23
00085461		HEMOGLOBIN OR RBCX, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE				\$8.23
00085475		HEMOLYSIN, ACID				\$12.08
00085520		HEPARIN ASSAY				\$8.73
00085525		HEPARIN NEUTRALIZATION				\$8.73
00085530		HEPARIN-PROTAMINE TOLERANCE TEST				\$6.32
00085536		IRON STAIN, PERIPHERAL BLOOD				\$8.81
00085540		LEUKOCYTE ALKALINE PHOSPHATASE 8409 MEDICARE MAX FOR INDEPENDENT LAB 14.50				\$11.71
00085547		MECHANICAL FRAGILITY, RBC				\$9.52
00085549		MURAMIDASE				\$16.58
00085555		OSMOTIC FRAGILITY, RBC, UNINCUBATED DELETED 0593 PRICE \$9.68				\$9.09
00085557		OSMOTIC FRACILITY, RBC; INCUBATED				\$18.18
00085576		PLATELET; AGGREGATION (IN VITRO), EACH AGENT CODE				\$29.24
00085576	QW	PLATELET, AGGREGATION (IN VITRO), EACH AGENT *****				\$29.24
00085597		PLATELET NEUTRALIZATION				\$24.46
00085598		PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID				\$24.46
00085610		PROTHROMBIN TIME				\$5.35
00085610	QW	PROTHOMBIN TIMES IN FACTORS II, V, VII, X, VIT KCLIA WAIVED				\$5.35
00085611		PROTHROMBIN TIME, SUBSTITUTION, PLASMA FRACTIONS, EACH				\$5.36
00085612		RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED				\$11.90
00085613		RUSSELL VIPER VENOM TIME, DILUTED,				\$11.90
00085635		REPTILASE TEST (CRVS OF 8998 AS OF 11\82)				\$5.70
00085651		SEDIMENTATION RATE, ERYTHROCYTE; NON- AUTOMATED CLIA WAIVED FOR NONSPECIFIC SCREENING FOR INFLAMATION, INFECTION, CANCER				\$4.82
00085652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED				\$3.68
00085660		SICKLING OF RED BLOOD CELLS 8455				\$7.18
00085670		THROMBIN TIME, PLASMA				\$7.85
00085675		THROBMIN TIME; TITER				\$8.88

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00085705		THROMBOPLASTIN INHIBITION; TISSUE				\$13.10
00085730		THROMBOPLASTIN TIME, PARTIAL (PTT) 8426				\$8.17
00085732		THROMBOPLASTIN TIME, PARTIAL; SUBSTITUTION, PLASMA FRACTIONS, EACH				\$8.81
00085810		VISCOSITY				\$13.98
00086000		AGGLUTININS; FEBRILE,(EG. BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB TYPHUS), EACH ANTIGEN.				\$5.18
00086001		ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN				\$7.10
00086003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN				\$7.10
00086005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR DISK)				\$10.85
00086021		ANTIBODY IDENTIFICATION, LEUKOCYTE ANTIBODIES				\$20.49
00086022		PLATELET ANTIBODIES				\$25.00
00086023		***** PLATELET ASSOCIATED AMMINOGLOBULIN ASSAY				\$16.95
00086038		ANTINUCLEAR ANTIBODIES (ANA), RIA DELETED 0593 PRICE \$17.45				\$16.45
00086039		ANTINUCLEAR ANTIBODIES (ANA); TITER				\$15.19
00086060		ANTISTREPTOLYSIN O TITER 8813				\$9.94
00086063		ANTISTREPTOLYSIN O; TITER SCREEN				\$7.85
00086140		C-REACTIVE PROTEIN 8814				\$7.04
00086141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)				\$17.62
00086146		BETA 2 GLYCOPROTEIN I ANTIBODY, EACH				\$34.62
00086147		CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS				\$34.62
00086148		ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY				\$21.87
00086152		Cell enumeration using immunologic selection and identification in fluid specimen		NOT COVERED		
00086155		CHEMOTAXIS ASSAY, SPECIFY METHOD				\$8.99
00086156		COLD AGGLUTININ; SCREEN				\$8.99
00086157		COLD AGGLUTININ; TITER				\$8.99
00086160		COMPLEMENT; ANTIGEN, EACH COMPONENT				\$15.31
00086161		COMPLEMENT ANTIGEN, FUNCTIONAL ACTIVITY, EACH COMPONENT				\$15.31
00086162		COMPLEMENT; ANTIGEN, TOTAL HEMOLYTIC (CH50)				\$20.50

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00086171		COMPLEMENT FIXATION TESTS, EACH ANTIGENIS, HISTOPLASMOSIS, SYPHILLIS, PSITTACOSIS, RUBELLA, STEPTOCOCCUS MG			\$7.97
00086185		COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN			\$12.17
00086200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY			\$17.62
00086215		DEOXYRIBONUCLEASE, ANTIBODY			\$11.90
00086225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED			\$18.69
00086226		DNA, SINGLE STRANDED			\$16.48
00086235		EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01) EACH ANTIBODY			\$9.52
00086243		FC RECEPTOR			\$27.92
00086255		FLUORESCENT ANTIBODY, SCREEN, EACH ANTIBODYPART OF 80072			\$16.40
00086256		FLUORESCENT ANTIBODY TITER, EACH ANTIBODY--			\$8.23
00086277		GROWTH HORMONE, HUMAN (HGH), ANTIBODY, RIA			\$21.42
00086280		HEMAGGLUTINATION INHIBITION TEST (HAI),			\$11.14
00086294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER TUMOR ANTIGEN)			\$26.70
00086294	QW	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG BLADDER TUMOR ANTIGEN)			\$26.70
00086300		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE;CA 15-3			\$28.32
00086301		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9			\$28.32
00086304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125			\$28.32
00086305		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)			\$28.32
00086308		HETEROPHILE ANTIBODIES; SCREENING			\$7.04
00086308	QW	QUALITATIVE SCREENING FOR HETEROPHILE ANTIBODIES, DIAGNOSTICCLIA WAIVED			\$7.04
00086309		HETEROPHILE ANTIBODIES; TITER			\$8.81
00086310		HETEROPHILE ANTIBOTIES TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY			\$9.52
00086316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH			\$28.32
00086317		IMMUNOASSAY WITH INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT ELSEWHERE SPECIFIED			\$20.40

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00086318		IMMUNOASSAY TO INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE SINGLE STEP METHOD (REAGENT STRIP)				\$17.62
00086318	QW	IMMUNOASSAY FOR INFECTIOUS AGENT SMITHKLINE DIAGNOSTICS FLEXSURE HP FORIGG ANTIBODIES TO H. PYLORI, ABBOTT FLEXPack HP TESTS ARE CLIA WAIVED				\$17.62
00086320		IMMUNOELECTROPHORESIS, SERUM DELETED 0593 PRICE \$33.86				\$30.50
00086325		IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH CONCENTRATION				\$30.44
00086327		IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)				\$30.88
00086329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED				\$19.11
00086331		GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY				\$15.84
00086332		IMMUNE COMPLEX ASSAY				\$33.17
00086334		IMMUNOFIXATION ELECTROPHORESIS; SERUM				\$30.41
00086335		IMMUNOFIXATION ELECTROPHORESIS, OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)				\$39.94
00086336		INHIBIN A				\$21.21
00086337		INSULIN ANTIBODIES,				\$29.13
00086340		INTRINSIC FACTOR ANTIBODIES, RIA				\$20.50
00086341		ISLET CELL ANTIBODY				\$26.92
00086343		LEUKOCYTE HISTAMINE RELEASE TEST (LHR)				\$16.96
00086344		LEUKOCYTE PHAGOCYTOSIS				\$10.87
00086352		CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKER (EG, ATP)				\$129.18
00086353		LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS				\$63.33
00086355		B CELLS, TOTAL COUNT				\$51.34
00086356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN				\$22.22
00086357		NATURAL KILLER (NK) CELLS, TOTAL COUNT				\$51.34
00086359		T CELLS; TOTAL COUNT				\$51.34
00086360		T CELLS; T4 AND T8, INCLUDING RATIO				\$63.94
00086361		T CELLS; ABSOLUTE CD4 COUNT				\$22.22
00086367		STEM CELLS (IE, CD34), TOTAL COUNT				\$51.34
00086376		MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH				\$19.80

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00086378		MIGRATION INHIBITORY FACTOR TEST (MIF)				\$18.50
00086382		NEUTRALIZATION TEST, VIRAL				\$18.48
00086384		NITROBLUE TETRAZOLIUM DYE TEST (NTD)DELETED 0593 PRICE \$17.13				\$15.50
00086386		NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE				\$21.66
00086386	QW	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE				\$21.66
00086403		PARTICLE AGGLUTINATION, SCREEN, EACH ANTIBODY				\$13.87
00086406		PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY				\$14.47
00086430		RHEUMATOID FACTOR, QUALITATIVE PART OF 80072				\$7.72
00086431		RHEUMATOID FACTOR; QUANTATATIVE				\$7.72
00086480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE		DOCUMENTATI ON REQUIRED		\$84.35
00086481		TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT;ENUMERATION OF GAMMA INTERFERON-PRODUCING T-CELLS IN CELL SUSPEN				\$101.96
00086590		STREPTOKINASE, ANTIBODY				\$9.52
00086592		SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)				\$5.60
00086593		SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE				\$5.99
00086602		ANTIBODY; ACTINOMYCES				\$13.85
00086603		ADENOVIRUS ANTIBODY				\$7.97
00086606		ASPIRGILLUS ANTIBODY				\$15.83
00086609		BACTERIUM, ANTIBODY, NOT ELSEWHERE SPECIFIED				\$17.53
00086611		ANTIBODY; BARTONELLA				\$13.85
00086612		BLASTOMYCES ANTIBODY				\$7.97
00086615		BORDETELLA ANTIBODY				\$17.95
00086617		ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST..				\$9.11
00086618		BORELLIA BUFGDORFERI (LYME DISEASE) ANTIBODY				\$23.18
00086618	QW	ANTIBODY: BORRELIA BURGDORFERI (LYME DISEASE)				\$23.18
00086619		BORRELIA (RELAPSING FEVER) ANTIBODY				\$18.21
00086622		BRUCELLA ANTIBODY				\$5.18
00086625		CAMPYLOBACTER ANTIBODY				\$17.86
00086628		CANDIDA ANTIBODY				\$15.83
00086631		CHLAMYDIA				\$8.23

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00086632		CHLAMYDIA, IGM				\$8.23
00086635		COCCIDIOIDES ANTIBODY				\$7.97
00086638		COXIELLA BRUNTEII (Q FEVER) ANTIBODY				\$7.97
00086641		CRYPTOCOCCUS ANTIBODY				\$19.61
00086644		CYTOMEGALOVIRUS (CMV) ANTIBODY PART OF 80090				\$19.58
00086645		CYTOMEGALOVIRUS (CMV), IGM ANTIBODY				\$22.93
00086648		DIPHTHERIA ANTIBODY				\$20.69
00086651		ENCEPHALITIS, CALIFORNIA (LA CROSSE) ANTIBODY				\$8.23
00086652		ENCEPHALITIS, EASTERN EQUINE ANTIBODY				\$8.23
00086653		ENCEPHALITIS, ST. LOUIS ANTIBODY				\$8.23
00086654		ENCEPHALITIS, WESTERN EQUINE ANTIBODY				\$8.23
00086658		ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)				\$7.97
00086663		EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA) ANTIBODY				\$8.23
00086664		ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)				\$8.23
00086665		ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)				\$8.23
00086666		ANTIBODY; EHRlichia				\$13.85
00086668		ANTIBODY; FRANCISELLA TULARENSIS				\$7.97
00086671		ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED				\$7.97
00086674		ANTIBODY; GIARDIA LAMBLIA				\$20.03
00086677		ANTIBODY; HELICOBACTER PYLORI				\$19.74
00086682		ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED				\$17.70
00086684		ANTIBODY; HEMOPHILUS INFLUENZA				\$21.56
00086687		HTLV I,				\$9.10
00086688		ANTIBODY; HTLV-II				\$9.10
00086689		HTLV OR HIV ANTIBODY, CONFIRMATORY TEST ( EG, WESTERN BLOT) REVIEW MEDICAL NECESSITY DO NOT PAY TO PHYS. OFFICE; DENY GF				\$9.11
00086692		ANTIBODY; HEPATITIS, DELTA AGENT				\$23.35
00086694		ANTIBODY; HERPES SIMPLES, NON-SPECIFIC TYPE TESTPART OF 80090				\$19.58
00086695		ANTIBODY; HERPES SIMPLES, TYPE I				\$8.23
00086696		ANTIBODY; HERPES SIMPLEX, TYPE 2				\$9.11
00086698		ANTIBODY; HISTOPLASMA				\$15.83
00086701		ANTIBODY; HIV-1				\$9.11
00086701	QW	ANTIBODY; HIV-1. REVIEW MEDICAL NECESSITY				\$9.11
00086702		ANTIBODY; HIV-2				\$9.10



						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00086703		ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY				\$9.10
00086704		HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL				\$16.40
00086705		AUTO-ANTIBODIES (HUMAN TISSUES)				\$9.11
00086706		HEPATITIS B SURFACE ANTIBODY(HBSAB) PART OF 80059				\$14.62
00086707		HEPATITIS BE ANTIBODY (HBEAB)				\$15.75
00086708		HEPATITIS A ANTIBODY (HAAB), TOTAL				\$16.86
00086709		IBM ANTIBODY***** *****				\$15.32
00086710		ANTIBODY; INFLUENZA VIRUS				\$8.23
00086711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS				\$19.58
00086713		ANTIBODY; LEGIONELLA				\$8.23
00086717		ANTIBODY; LEISHMANIA				\$15.06
00086720		ANTIBODY; LEPTOSPIRA				\$7.97
00086723		ANTIBODY; LISTERIA MONOCYTOGENES				\$17.95
00086727		ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS				\$7.97
00086729		ANTIBODY; LYMPHOGRANULOMA VENEREUM				\$8.23
00086732		ANTIBODY; MUCORMYCOSIS				\$17.95
00086735		ANTIBODY; MUMPS				\$8.23
00086738		ANTIBODY; MYCOPLASMA				\$8.23
00086741		ANTIBODY; NEISSERIA MENINGITIDIS				\$17.95
00086744		ANTIBODY; NOCARDIA				\$17.95
00086747		ANTIBODY; PARVOVIRUS				\$20.46
00086750		ANTIBODY; PLASMODIUM (MALARIA)				\$17.95
00086753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED				\$15.06
00086756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS				\$8.23
00086757		ANTIBODY; RICKETTSIA				\$9.11
00086759		ANTIBODY; ROTAVIRUS				\$7.97
00086762		ANTIBODY; RUBELLA (PART OF 80055 & 80090) (PART OF 80055)				\$19.58
00086765		ANTIBODY; RUBEOLA				\$17.53
00086768		ANTIBODY; SALMONELLA				\$17.95
00086771		ANTIBODY; SHIGELLA				\$17.95
00086774		ANTIBODY; TETANUS				\$20.14
00086777		ANTIBODY; TOXOPLASMA PART OF 80090				\$19.58
00086778		ANTIBODY; TOXOPLASMA, LGM				\$19.60

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00086780		ANTIBODY; TREPONEMA PALLIDUM				\$7.97
00086784		ANTIBODY; TRICHINELLA				\$17.09
00086787		ANTIBODY; VARICELLA-ZOSTER				\$8.23
00086788		ANTIBODY; WEST NILE VIRUS, IGM				\$22.93
00086789		ANTIBODY; WEST NILE VIRUS				\$19.58
00086790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED				\$17.53
00086793		ANTIBODY; YERSINIA				\$17.95
00086800		THYROGLOBULINE ANTIBODY, RIA				\$6.32
00086803		HEPATITIS C ANTIBODY;PART OF 80059				\$19.42
00086803	QW	HEPATITIS C ANTIBODY; PART OF 80059				\$19.42
00086804		HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)				\$9.11
00086805		LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSS MATCH; WITH TITRATION				\$71.16
00086806		***** WITHOUT TITRATION				\$64.76
00086807		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD				\$15.24
00086808		SERUM SCREENING, QUICK METHOD				\$11.46
00086812		HLA TYPING, A, B, OR C (EG, A-10, B-7, B-27), SINGLE ANTIGEN				\$35.12
00086813		HLA TYPING, A,B, OR C , MULTIPLE ANTIGENS				\$78.92
00086816		HLA TYPING, DR/DQ, SINGLE ANTIGEN, PLEASE REVIEW 86817 OR PROVIDE MORE EXPLANATION				\$37.91
00086817		HLA TYPING, DR/DQ, MULTIPLE ANTIGENSDELETED 0593 PRICE \$100.20				\$87.62
00086821		LYMPHOCYTE CULTURE, MIXED (MLC)				\$76.83
00086822		LYMPHOCYTE CULTURE, PRIMED (PLC)				\$49.75
00086825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOWCYTOMETRY); FIRST SERUM SAMPLE OR DILUTION				\$66.66
00086826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOWCYTOMETRY); EACH ADDITIONAL SERUM SAMPLE OR SAMPLE DILUTION (LIS				\$22.22
00086828		Assessment of antibody to human leukocyte antigens (hla) for the presence or absence of antibody(ies) to hla class i and class ii hla antigen				\$15.24
00086829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) FOR THE PRESENCE OR ABSENCE OF ANTIBODY(IES) TO HLA CLASS I AND CLASS II HLA ANTIGEN				\$11.46

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00086830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPE				\$109.87
00086831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPE				\$94.18
00086832		Assessment of antibody to human leukocyte antigens (hla) with high definition qualitative panel for identification of antibody specificities,				\$172.66
00086833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QUALITATIVE PANEL FOR IDENTIFICATION OF ANTIBODY SPECIFICITIES,				\$156.97
00086834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA CLASS I				\$486.59
00086835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH SOLID PHASE ASSAYS, HLA CLASS II				\$439.49
00086880		ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM				\$7.33
00086885		ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH REAGENT RED CELL				\$7.79
00086886		ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER				\$7.04
00086900		BLOOD TYPING; ABO (PART OF 80055)				\$4.06
00086901		BLOOD TYPING , RH (D)				\$4.06
00086902		BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN TEST				\$2.14
00086904		.....ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNIT SCREENED				\$12.94
00086905		BLOOD TYPING RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH				\$2.14
00086906		BLOOD TYPING, RH PHENOTYPING, COMPLETE				\$7.97
00086940		HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;				\$9.51
00086941		HEMOLYSINS AND AGGLUTININS, INCUBATED				\$16.48
00087003		WITH OBSERVATION AND DISSECTION				\$22.91
00087015		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS				\$9.09
00087040		CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CULTURE, IF APPRO				\$14.05

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, KIA, LIA), SALMONELLA AND SHIGELLA SPECIES				\$12.85
00087046		CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, EACH PLATE				\$12.85
00087070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES				\$11.72
00087071		CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR ST				\$12.85
00087073		CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR ST				\$12.85
00087075		CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES				\$12.88
00087076		CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE				\$11.00
00087077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE				\$11.00
00087077	QW	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE				\$11.00
00087081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;				\$9.02
00087084		WITH COLONY ESTIMATION FROM DENSITY CHART				\$7.97
00087086		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE				\$10.99
00087088		CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE				\$11.02
00087101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; SKIN, HAIR, OR NAIL				\$10.49
00087102		***** OTHER SOURCE (EXCEPT BLOOD)				\$11.43
00087103		BLOOD CULTURE				\$12.27
00087106		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST				\$14.05
00087107		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD				\$14.05

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087109		CULTURE, MYCOPLASMA, ANY SOURCE (CRVS OF 8998 AS OF 11/82)				\$18.36
00087110		CULTURE, CHLAMYDIA, ANY SOURCE				\$26.66
00087116		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY SOURCE, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATE				\$14.70
00087118		CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE				\$9.52
00087140		CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM				\$7.59
00087143		CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID CHROMATOGRAPHY (HPLC) METHOD				\$14.18
00087147		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG, AGGLUTINATION GROUPING), PER ANTISERUM				\$7.04
00087149		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, DIRECTPROBE TECHNIQUE, PER CULTURE OR ISOLATE, EACH ORGANISM PROBED				\$27.29
00087150		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIEDPROBE TECHNIQUE, PER CULTURE OR ISOLATE, EACH ORGANISM PROBED				\$47.76
00087152		CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING				\$7.12
00087153		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE (EG, SEQUENCING OF THE 16S RRNA GENE)				\$156.98
00087158		OTHER METHODS				\$7.12
00087164		DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN) INCLUDES SPECIMEN COLLECTION				\$4.81
00087166		DARK FIELD EXAM, WITHOUT COLLECTION				\$14.18
00087168		MACROSCOPIC EXAMINATION; ARTHROPOD				\$5.81
00087169		MACROSCOPIC EXAMINATION; PARASITE				\$5.81
00087172		PINWORM EXAM (EG, CELLOPHANE TAPE PREP)				\$5.81
00087176		HOMOGENIZATION, TISSUE, FOR CULTURE				\$4.81
00087177		OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION (AFTER 11/82 PRICE AT 8323 + 8321)				\$12.11
00087181		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGENT (EG, ANTIBIOTIC GRADIENT STRIP)				\$6.46

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS)				\$9.39
00087185		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT, ENZYME DETECTION, PER ENZYME				\$6.46
00087186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION MULTI-ANTIMICROBIAL, PER PLATE				\$11.77
00087187		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION, MINIMUM LETHAL CONCENTRATION (MLC), EACH PLATE				\$12.60
00087188		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTION METHOD, EACH AGENT				\$9.04
00087190		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPORTION METHOD, EACH AGENT				\$7.69
00087197		SERUM BACTERIOCIDAL TITER (SCHLICHTER TEST)				\$20.45
00087205		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES				\$5.81
00087206		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, PARASITES, VIRUSES OR CELL TYPES				\$7.33
00087207		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (EG: MALARIA, COCCIDIA, MICROSPORIDIA, TRYPANOSOMES, H				\$8.15
00087209		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME, IRON HEMOTOXYLIN) FOR OVA AND PARASITES				\$24.46
00087210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG, SALINE, INDIA INK, KOH PREPS)				\$5.81
00087210	QW	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG: SALINE, INDIA INK, KOH PREPS).				\$5.81
00087220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (EG, SCABIES)				\$5.81
00087230		TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)				\$26.87
00087250		VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION				\$26.62

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087252		VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT				\$35.48
00087253		VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE EACH ISOLATE				\$16.81
00087254		VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH VIRUS				\$26.62
00087255		VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT (EG, VIRUS SPECIFIC ENZYMATIC ACTIVITY)				\$46.08
00087260		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS				\$16.32
00087265		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLOURESCENT ANTIBODY TECHNIQUE; BORDETELLA PERTUSSIS/PARAPERTUSSIS				\$16.32
00087267		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)				\$16.32
00087269		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA				\$16.32
00087270		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH. CHLAMYDIA TRACHOMATIS				\$16.32
00087271		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)				\$16.32
00087272		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CRYPTOSPORIDIUM				\$16.32
00087273		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLEX VIRUS TYPE 2				\$16.32
00087274		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLEX VIRUS TYPE 1				\$16.32
00087275		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B VIRUS				\$16.32
00087276		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.; INFLUENZA A VIRUS				\$16.32
00087277		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLAMICDADEI				\$16.32

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087278		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;LEGIONELLA PNEUMOPHILA				\$16.32
00087279		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE				\$16.32
00087280		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;RESPIRATORY SYNCYTIAL VIRUS				\$16.32
00087281		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS CARINII				\$16.32
00087283		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA				\$16.32
00087285		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANITBODY TECH.;TREPONEMA PALIDUM				\$16.32
00087290		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;VARICELLA ZOSTER VIRUS				\$16.32
00087299		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT OTHERWISE SPECIFIED, EACH ORGANISM				\$16.32
00087300		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENTFOR MULTIPLE ORGANISMS, EACH POLYVALENT ANTISERUM				\$16.32
00087301		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; ADENO VIRUS ENTER				\$16.32
00087305		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; ASPERGILLUS				\$16.32
00087320		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE; CHLAMYDIA TRACHOMATIS				\$16.32
00087324		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CLOSTRIDIUM DIFFICILE				\$16.32
00087327		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CRYPTOCOCCUS NEOFORMA				\$16.32



						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087328		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CRYPTOSPORIDIUM				\$16.32
00087329		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; GIARDIA				\$16.32
00087332		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CTROMEALVIRUS				\$16.32
00087335		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ESCHERICHIA COLI				\$16.32
00087336		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; ENTAMOEBA HISTOLYTICA				\$16.32
00087337		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; ENTAMOEBA HISTOLYTICA				\$16.32
00087338		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSEY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIV, MULTIPLE STEP METHOD; HELICOBACTER PYLORI, STOO				\$19.57
00087339		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; HELICOBACTER PYLORI				\$16.32
00087340		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN, (HBSAG) PART OF 80055 OR 80059				\$14.06
00087341		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE NEUTRALIZATION				\$14.06
00087350		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS BE ANTIGEN HBEAG				\$15.69
00087380		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; BEPATITIS, DELTA AGENT				\$22.33
00087385		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HISTOPLASMA CAPSULATUM				\$16.32
00087389		HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-1 ANTIBODIES, SINGLE RESULT				\$32.77
00087390		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-1				\$24.01

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087391		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-2				\$24.01
00087400		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; INFLUENZA, A OR B, EA				\$16.32
00087420		INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS				\$16.32
00087425		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ROTAVIRUS				\$16.32
00087427		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; SHIGA-LIKE TOXIN				\$16.32
00087430		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; STRPTOCOCCUS, GROUP A				\$16.32
00087449		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE ORGANISM				\$16.32
00087449	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE OR SEMIQUANTITATIVE; MULT STEP METHOD, NOT OTHERWISE SPEC, EA ORG				\$16.32
00087450		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE OR SEMIQUANTITATIVE; SINGLE STEP METHOD, NOT OTHERWISE SPECIFIED				\$13.05
00087451		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE EACH POLYVALENT ANTISERUM				\$13.05
00087470		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE				\$27.29
00087471		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BART.QUINTANA, AMPLIFIED PROBE TECHNIQUE				\$47.76
00087472		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BARTONELLA HENSELAE AND QUINTANA, QUANTIFICATION				\$58.29
00087475		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BORRELIA BURGDORDERI, DIRECTPROBE TECHNIQUE				\$27.29
00087476		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE				\$47.76

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087477		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BORRELIA BURGDORFERI, QUANTIFICATION				\$58.29
00087480		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CANDIDA SPECIES, DIRECT PROBE TECHNIQUE				\$27.29
00087481		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CANDIDA SPECIES, BY AMPLIFIED PROBE				\$47.76
00087482		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CANDIDA SPECIES, QUANTIFICATION				\$56.82
00087485		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, DIRECTPROBE TECHNIQUE				\$27.29
00087486		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE				\$47.76
00087487		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, QUANTIFICATION				\$58.29
00087490		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE				\$27.29
00087491		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE				\$47.76
00087492		INFECTIOUS AGENT BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, QUANTIFICATION				\$47.57
00087493		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE				\$47.76
00087495		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CYTOMEGALOVIRUS, DIRECT PROBE TECHNIQUE				\$27.29
00087496		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CYTOMEGALOVIRUS, AMPLIFIED PROBE TECHNIQUE				\$47.76
00087497		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CYTOMEGALOVIRUS, QUNATIFICATION				\$58.29
00087498		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE				\$47.76
00087500		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (EG, ENTEROCOCCUS SPECIES VAN A, VAN B), AMPLIFIED PROBE TECHNIQ				\$47.76
00087501		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, EACH TYPE O				\$69.83

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087502		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FORMULTIPLE TYPES OR SUB-TYPES, REVERSE TRANSCRIPTION AND AMPLIFIED				\$115.80
00087503		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FORMULTIPLE TYPES OR SUB-TYPES, MULTIPLEX REVERSE TRANSCRIPTION AND				\$28.26
00087505		Detection test for digestive tract pathogen				\$174.58
00087506		Detection test for digestive tract pathogen				\$290.45
00087507		Detection test for digestive tract pathogen				\$567.18
00087510		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GARDNERELL VAGINALIS, DIRECTPROBE TECHNIQUE				\$27.29
00087511		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GARDNERELLA VAGINALIS, AMPLIFIED PROBE				\$47.76
00087512		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GARDNERELLA VAGINALIS, QUANTIFICATION				\$56.82
00087515		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS B VIRUS, DIRECTPROBE				\$27.29
00087516		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS B VIRUSK AMPLIIFIED PROBE				\$47.76
00087517		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS B VIRUS, QUANTIT.				\$58.29
00087520		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS C, DIRECT PROBE				\$27.29
00087521		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS C, AMPLIFIED PROBE				\$47.76
00087522		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS C, QUANTIFICATION				\$58.29
00087525		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS G, DIRECT				\$27.29
00087526		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS G, AMPLIFIED PROBE				\$47.76
00087527		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS G, QUANTIFICATION				\$56.82
00087528		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES SIMPLEX, DIRECT				\$27.29
00087529		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES SIMPLEX, AMPLIFIED				\$47.76
00087530		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES SIMPLEX, QUANTIFICATION				\$58.29

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087531		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES VIRUS-6, DIRECT PROBE				\$27.29
00087532		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES VIRUS-6, AMPLIFIED				\$47.76
00087533		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID;HERPES VIRUS-6, QUANTIFICATION				\$56.82
00087534		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-1, DIRECT PROBE				\$27.29
00087535		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-1, AMPLIFIEDNOT VIRAL LOAD--SEE 87536 FOR VIRAL LOAD TESTING				\$47.76
00087536		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-1, QUANTITATIVEVIRAL LOAD TESTING				\$115.80
00087537		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-2, DIRECT				\$27.29
00087538		INFECTIOUS AGENT DETECTION; HIV-2, AMPLIFIED				\$47.76
00087539		INFECTIOUS AGENT DETECTION; HIV-2, QUANTIFICATION				\$58.29
00087540		INFECTIOUS AGENT DETECTION; LEGIONELLA PNEUMOPHILA, DIRECT				\$27.29
00087541		INFECTIOUS AGENT DETECTION; LEGIONELLA PNEUMOPHILA, AMPLIFIED				\$47.76
00087542		INFECTIOUS AGENT DETECTION; LEGIONELLA PNEUMOPHILA, QUANTIFICATION				\$56.82
00087550		INFECTIOUS AGENT DETECTION; MYCOBACTERIA SPECIES, DIRECT				\$27.29
00087551		INFECTIOUS AGENT DETECTION; MYCOBACTERIA SPECIES, AMPLIFIED				\$47.76
00087552		INFECTIOUS AGENT DETECTION; MYCOBACTERIA SPECIES, QUANTIFICATION				\$58.29
00087555		INFECTIOUS AGENT DETECTION; MYCOBACTERIA TUBERCULOSIS; DIRECT				\$27.29
00087556		INFECTIOUS AGENT DETECTION; MYCOBACTERIA TUBERCULOSIS, AMPLIFIED				\$47.76
00087557		INFECTIOUS AGENT DETECTION; MYCOBACTERIA TUBERCULOSIS, QUANTIFICATION				\$58.29
00087560		INFECTIOUS AGENT DETECTION; MYCOBACTERIA AVIUM-INTRACELLULARE, DIRECT				\$27.29
00087561		INFECTIOUS AGENT DETECTION; MYCOBACTERIA AVIUM-INTRACELLULAR, AMPLIFIED				\$47.76

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00087562		INFECTIOUS AGENT DETECTION; MYCOBACTERIA AVIUM-INTRACELLULARE, QUANTIFICATION			\$58.29
00087580		INFECTIOUS AGENT DETECTION; MYCOPLASMA PNEUMONIAE, DIRECT			\$27.29
00087581		INFECTIOUS AGENT DETECTION; MYCOPLASMA PNEUMONIAE, AMPLIFIED			\$47.76
00087582		INFECTIOUS AGENT DETECTION; MYCOPLASMA PNEUMONIAE, QUANTIFICATION			\$56.82
00087590		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE, DIRECT			\$27.29
00087591		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE, AMPLIFIED			\$47.76
00087592		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE, QUANTIFICATION			\$58.29
00087620		INFECTIOUS AGENT DETECTION; PAPILLOMAVIRUS, HUMAN, DIRECT	OBSOLETE		
00087621		INFECTIOUS AGENT DETECTION; PAPILLOMAVIRUS, HUMAN, AMPLIFIED	OBSOLETE		
00087622		INFECTIOUS AGENT DETECTION; PAPILLOMAVIRUS, HUMAN, QUANTIFICATION	OBSOLETE		
00087623		Detection test for human papillomavirus (hpv)			\$47.76
00087623	90	Detection test for human papillomavirus (hpv)	NOT COVERED		
00087624		Detection test for human papillomavirus (hpv)			\$47.76
00087624	90	Detection test for human papillomavirus (hpv)	NOT COVERED		
00087625		Detection test for human papillomavirus (hpv)			\$47.76
00087625	90	Detection test for human papillomavirus (hpv)	NOT COVERED		
00087631		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGE			\$174.58
00087632		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARG			\$290.45
00087633		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TAR			\$567.18
00087640		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE			\$47.76
00087641		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE TECHNIQUE			\$47.76

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087650		INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A, DIRECT				\$27.29
00087651		INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A, AMPLIFIED				\$47.76
00087652		INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A, QUANTIFICATION				\$56.82
00087653		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUPB, AMPLIFIED PROBE TECHNIQUE				\$47.76
00087660		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE				\$27.29
00087661		Infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe technique				\$47.76
00087797		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; DIRECT PROBE TECHNIQUE, EACH ORGANISM				\$27.29
00087798		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM				\$47.76
00087799		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; QUANTIFICATION, EACH ORGANISM				\$58.29
00087800		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE				\$54.59
00087801		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE				\$95.52
00087802		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B				\$16.32
00087803		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN A				\$16.32
00087804		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA				\$16.32
00087804	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA				\$16.32
00087806		DETECTION TEST FOR HIV-1		REQUIRES DOCUMENTATI ON FOR MEDICAL NECESSITY.		\$32.77

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00087807		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; RESPIRATORY SYNCYTIAL VIRUS			\$16.32
00087807	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; RESPIRATORY SYNCYTIAL VIRUS			\$16.32
00087808		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS			\$16.32
00087808	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS			\$16.32
00087809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS			\$16.32
00087809	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS			\$16.32
00087810		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS			\$16.32
00087850		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE			\$16.32
00087880		INFECTIOUS AGENT DETECTION; STRPTOCOCCUS, GROUP A			\$16.32
00087880	QW	INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A			\$16.32
00087899		INFECTIOUS AGENT DETECTION; NOS			\$16.32
00087899	QW	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERVATION; NOT OTHERWISE SPECIFIED			\$16.32
00087900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS			\$177.38
00087901		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE			\$350.35
00087902		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS			\$350.35
00087903		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUGRESISTANCE TISSUE CULTURE ANALYSIS, HIV 1; FIRST THROUGH 10 DRUG			\$664.98
00087904		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS, HIV 1; EACH ADDITIONAL DRUG 1 THR			\$35.48
00087905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)			\$16.63



						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00087905	QW	INFECTIOUS AGENT ENZYMIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)				\$16.63
00087906		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER REGION (EG, INTEGRASE, FUSION)				\$175.18
00087910		ANALYSIS TEST FOR CYTOMEGALOVIRUS				\$350.35
00087912		ANALYSIS TEST FOR HEPATITIS B VIRUS				\$350.35
00088130		BUCCAL SMEAR, CHROMATIN BODY FOR CHROMOSOMAL SEX DETERMINATION (BARR BODIES) 8920				\$20.48
00088140		WHITE BLOOD CELL SMEAR, POLYMERPHONUCLEAR CELL DRUMSTICK FOR CHROMOSOMAL SEX DETERMINATION 8921				\$10.88
00088142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION) MANUAL SCREENING UNDE				\$20.68
00088143		CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; SCREENING/RESCREENING UNDER MD SUPERVISION				\$19.18
00088147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION				\$14.38
00088148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING				\$20.68
00088150		CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS, SCREENING BY TECHNICIAN UNDER PHYSICIAN SUPERVISION DO NOT PAY PHYSICIAN'S OFFICE. DENY GF				\$14.38
00088152		CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO 3 SMEARS; WITH MANUAL CYTOTECHNOLOGIST SCREENING AND AUTOMATED RESCREENING UNDER MD SUPER.				\$14.38
00088153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION				\$14.38
00088154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER MD SUPER.				\$14.38
00088155		WITH DEFINITIVE HORMONAL EVALUATION (EG, MATURATION INDEX, KARYOTYPIC INDEX, ESTROGENIC INDEX)				\$5.95
00088164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER MD SUPERVISION				\$14.38

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00088165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER MD SUPERVISION			\$14.38
00088166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER MD SUPERVISION\			\$14.38
00088167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION/REVIEW UNDER MD SUPERVS			\$14.38
00088174		FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY OF SPECIMEN; INTERPRETATION AND REPORT			\$21.84
00088175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; BY AUTOMATED SYSTE			\$29.78
00088230		TISSUE CULTURE FOR CHROMOSOME ANALYSIS; LYMPHOCYTE PRICING CORRECTED 4-14-94			\$158.54
00088233		*****SKIN OR OTHER SOLID TISSUE BIOPSY (INTERNAL PRICING PRIOR TO1/90) (INTERIM VALUE 1-1-94)			\$191.51
00088235		AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS			\$200.40
00088237		***** BONE MARROW (MYELOID CELLS) (INTERIM VALUE 1-1-94)			\$171.89
00088239		***** OTHER TISSUE(INTERIM VALUE 1-1-94)			\$200.75
00088240		CRYOPRESERVATION,FREEZING AND STORAGE OF CELLS,EACH CELL LINE REVIEW FOR COVERAGE BY PHYSICIANS PROGRAM SPECIALIST			\$8.42
00088241		THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOTREVIEW BY PHYSICIANS PROGRAM SPECIALIST FOR COVERAGE			\$8.42
00088245		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROME; SCORE 25 CELLS (SCE STUDY), COUNT 5 CELLS 1KAROTYPE, WITH BANDING (EG, BLOOM SYNDROME)D 0593 \$215.51			\$202.58
00088248		***** SCORE 100 CELLS, COUNT 20 CELLS, 2 KAROTYPES, WITH BANDING;(EG, ATAXIA TELANGIECTASIA, FANCONI ANEMIA)(INTERIM VALUE 1-1-94)			\$235.67
00088249		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS HAVE PHYSICIANS PROGRAM SPRECIALIST REVIEW FOR COVERAGE			\$235.67
00088261		CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING DELETED 0593 PRICE \$242.06			\$240.51

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00088262		COUNT 1-20 CELLS FOR MOSAICISM, 2 KARYOTYPES DELETED 0593 PRICE \$210.50			\$169.62
00088263		***** COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES WITH BANDING DELETED 0593 PRICE \$218.26			\$204.52
00088264		CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS REVIEW FOR COVERAGE BY PHYSICIANS PROGRAM SPECIALIST			\$169.62
00088267		AMNIOTIC FLUID, COUNT 1-4 CELLS, 1 KARYOTYPE DELETED 0593 PRICE \$279.87			\$244.64
00088269		CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDING			\$226.34
00088271		MOLECULAR CYTOGENETICS; DNA PROBE, EACH FISH.			\$29.14
00088272		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS			\$36.44
00088273		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS			\$43.73
00088274		MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS.			\$47.37
00088275		MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100 - 300 CELLS.			\$54.65
00088280		ADDITIONAL KARYOTYPING			\$34.15
00088283		***** ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)			\$93.35
00088285		ADDITIONAL CELLS COUNTED			\$25.86
00088289		***** ADDITIONAL HIGH RESOLUTION STUDY			\$30.04
00088341	90	Special stained specimen slides to examine tissue	NOT COVERED		
00088342		IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY			\$91.84
00088364		Cell examination			\$89.66
00088369	90	Microscopic genetic examination manual	NOT COVERED		
00088371		PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;			\$30.24
00088372		.....IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION, EACH; RNE			\$28.44
00088375		Microscopic imaging using an endoscope, interpretation and report, real-time or referred	DOCUMENTATION REQUIRED.		
00088720		BILIRUBIN, TOTAL, TRANSCUTANEOUS			\$6.83
00088738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS			\$6.83

CODE	MOD	DESCRIPTION	COMMENTS	COPAY	MEDICAID ALLOWABLE
00088740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN			\$6.83
00088741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHHEMOGLOBIN			\$6.83
00089050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),EXCEPT BLOOD;			\$4.93
00089051		CELL COUNT , MISC BODY FLUIDS EXCEPT BLOOD; WITH DIFFERENTIAL COUNT			\$7.49
00089055		LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE			\$5.81
00089060		CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENSANALYSIS, TISSUE OR ANY BODY FLUID (EXCEPT URINE)			\$9.74
00089125		FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS			\$5.88
00089160		MEAT FIBERS, FECES			\$5.02
00089190		NASAL SMEAR FOR EOSINOPHILS			\$6.46
00089250		CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	NOT COVERED		
00089251		CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(S)/EMBRYOS	NOT COVERED		
00089253		ASSISTED EMBRYO MATCHIN, MICROTECHNIQUES (ANY METHOD) NON COVERED SERVICE	NOT COVERED		
00089254		OOCYTE IDENTIFICAITON FROM FOLLICULAR FLUID NON COVERED SERVICE	NOT COVERED		
00089255		PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)NON COVERED SERVICE	NOT COVERED		
00089257		SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	NOT COVERED		
00089258		CRYOPRESERVATION; EMBRYO(S)	NOT COVERED		
00089259		CRYOPERSERVATION; SPERM NONCOVERED SERVICE	NOT COVERED		
00089260		SPERM ISOLATION;SIMPLE PREP (EG, SPERM MASH AND SWIM-UP) FOR INSEMINATION NONCOVERED SERVICE	NOT COVERED		
00089261		SPERM ISOLATION; COMPLEX PREP (EG COL GRADIENT, ALBUMIN GRADIENT) NON COVERED SERVICE	NOT COVERED		
00089264		SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVEDNON COVERED	NOT COVERED		
00089268		INSEMINATION OF OOCYTES	NOT COVERED		
00089272		EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS	NOT COVERED		

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00089280		ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES		NOT COVERED		
00089281		ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES		NOT COVERED		
00089290		BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMB		NOT COVERED		
00089291		BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS		NOT COVERED		
00089300		SEMEN ANALYSIS, PRESENCE OR ABSENCE OF SPERM OR MOTILITY ONLY, INCLUDING HUHNER TEST INFERTILITY TEST, NONCOVERED		NOT COVERED		
00089300	QW	SEMEN ANALYSIS, PRESENCE OR ABSENCE OF SPERM OR MOTILITY ONLY, INCLUDING HUHNER TEST INFERTILITY TEST, NONCOVERED.		NOT COVERED		
00089310		SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)		Not covered for fertility testing		\$11.71
00089320		SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL		REQUIRES DOCUMENTATION not covered for fertility testing		\$16.40
00089321		SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED		NOT COVERED		
00089321	QW	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED		NOT COVERED		
00089322		SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)		NOT COVERED		
00089325		SPERM ANTIBODIES		NOT COVERED		
00089329		SPERM EVALUATION; HAMSTER PENETRATION TEST INFERTILITY TEST, NONCOVERED		NOT COVERED		
00089330		***** CERVICAL MUCOUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST-- INFERTILITY TEST, NONCOVERED		NOT COVERED		
00089331		SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY, AND MORPHOLOGY, AS INDICATED)		NOT COVERED		
00089335		CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR		NOT COVERED		
00089337		Frozen preservation of mature eggs				
00089337	90	Frozen preservation of mature eggs		NOT COVERED		
00089342		STORAGE, (PER YEAR); EMBRYO(S)		NOT COVERED		

						MEDICAID
CODE	MOD	DESCRIPTION		COMMENTS	COPAY	ALLOWABLE
00089343		STORAGE, (PER YEAR); SPERM/SEMEN		NOT COVERED		
00089344		STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN		NOT COVERED		
00089346		STORAGE, (PER YEAR); OOCYTE(S)		NOT COVERED		
00089352		THAWING OF CRYOPRESERVED; EMBRYO(S)		NOT COVERED		
00089353		THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT		NOT COVERED		
00089354		THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN		NOT COVERED		